

# *Homœopathy in fact*

defence against fallacious attack, and definition

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The recent article by Ian Freckelton, *Death by Homœopathy...*,<sup>1</sup> has prompted this response, in order to identify the numerous errors in fact,<sup>2</sup> as well to highlight the fallacy of that author's argument.

From the outset, it is indeed remarkable to observe that Freckelton ventures to forge a title of 'death by Homœopathy', viz., of the *therapy* itself, through an examination of *individual* malpractices,<sup>3</sup> amongst which he inexplicably includes those *unrelated* to Homœopathy;<sup>4</sup> and whilst he passingly admits "it is not fair to judge a profession by its worst practitioners",<sup>5</sup> he continues to confuse *therapist* with *therapy*,<sup>6</sup> stating his intention for the 'unfair title' was to draw attention to "...the potentially fatal consequences of ... in particular homœopathy...".<sup>7</sup> He then immediately proceeds to deride Homœopathy by citing examples of an unrelated (to Homœopathy) case of a "spiritual healer"<sup>8</sup> as well a case which *failed* to find against Homœopathy.<sup>9,10</sup> Let us recall these here in brief:

1. Dr. Viegas found negligent by recommending her patient stop the medications prescribed for her idiopathic cardiomyopathy (recorded by the Salon de Provence Hospital as "acute heart failure due to treatment discontinuation")<sup>11</sup>
2. Dr. Patel found to have misprescribed antibiotics.<sup>12</sup>
3. Thom. Sam found culpable with respect to both the "reasonable parent" and "reasonable homœopath" test.<sup>13</sup>
4. Ms. Dingle decided (as is her legal right)<sup>14</sup> on alternatives to surgery, chemo- or radio- therapy,<sup>15</sup> entrusting her care to Drs. William Barnes,<sup>16</sup> and Tabrizian,<sup>17</sup> neither of whom used Homœopathy in treating Ms. Dingle.

What is clear from the very evidence our opponent himself provides, is that *none* of these cases lend support to Freckelton's view that Homœopathy is "...deservedly the subject of virulent criticism...",<sup>18</sup> from which we must conclude his position was pre-determined,<sup>19</sup> and not dependent upon any *factual evidence* in his possession. We cannot comment on the practices in *law*, but in the *sciences* (particularly those which deal with the treatment of illness), upon this point alone, we have sufficient grounds for dismissal of Freckelton's thesis.

*Homœopathy,*<sup>20</sup> *by definition*<sup>21</sup>

Homœopathy (Gr. *ὅμοιον* [*omoion*, similar] + *πάθος* [*pathos*, suffering])<sup>22</sup> is a method of therapy developed by Samuel Hahnemann (1755-1843), based on the *reproducible observation* that disease<sup>23</sup> may be removed by a substance capable of producing similar *effects*<sup>24</sup> in health (*provings*,<sup>25</sup> substance trials).<sup>26</sup> This phænomenon in therapeutics is referred to as the *law of similars*,<sup>27</sup> and therefrom, the *practice* of Homœopathy, requires the seeking to prescribe a substance which has demonstrated, via provings, *similar* effects to those presented in the patient's illness – the more similar, the more effective the result.<sup>28</sup>

*Freckelton's comments – assumptions, mistakes, prejudice*

p.454 "Homœopathy has a significant clinical history, tracing its roots back to Hippocrates and more latterly to Dr Christian (Samuel) Hahnemann (1755-1843), a Saxon physician."

Whilst *Hippocrates*,<sup>29</sup> *Sydenham*,<sup>30</sup> *Stahl*,<sup>31</sup> *Störck*,<sup>32</sup> *Bell*,<sup>33</sup> amongst others, had noted the existence of a *similars* principle in *particular cases*,<sup>34</sup> it was left to *Samuel Hahnemann* to discover that this was a *general therapeutic principal* in medicine, which he first communicated to the world in 1796.<sup>35</sup>

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454 “In the last 30 years it [Homœopathy] has ridden a wave of resurgent interest and practice associated with disillusionment with orthodox medicine and the emergence of complementary therapies.”

474 “Many within the community are disillusioned with the business of orthodox medicine and its propensity to treat patients in a technologically oriented, pathology-dominated and site-specific way.”

Freckelton’s suggestion that the resurgent interest in Homœopathy is merely consequent to a growth in dissatisfaction with mainstream medical practice<sup>36</sup> is unsupported by causal evidence,<sup>37</sup> and he presumes the reason is the ‘business’ of it,<sup>38</sup> thereby ignoring the very real and frequent reports of patients<sup>39</sup> that their *dissatisfaction* stems primarily from the *inadequate results* – the persistence of their symptoms, or the tendency to recurrences (acute on chronic exacerbations, readiness for ‘infection’, etc.).<sup>40</sup>

457 “It is important to distinguish it [Homœopathy] from “naturopathy” ... of which it is but a subset.”

Homœopathy emerged out of mainstream medicine, and utilises mainstream medical diagnostics.<sup>41</sup> It was, and is, fundamentally distinct from *naturopathy*,<sup>42</sup> historically, philosophically, and practically.<sup>43</sup>

458 “... Hahnemann ... self-administered cinchona bark (quinine) and allegedly induced the symptoms. Hahnemann gained popular esteem from what was asserted to be his successful treatment of typhus with homœopathic doses of *Rhus tox*, *Hyoscyamus* and *Bryonia* during the battle of Leipzig in 1813.”

Freckelton wishes to turn recorded fact into ‘allegation’ and ‘assertion’ – *without himself examining a single medical report of the time*,<sup>44</sup> he dismisses the written accounts of the three cited pro-homœopathic authors on the basis of his own disbelief in Homœopathy.<sup>45</sup> We could readily list hundreds of reports in the mainstream medical literature which are more incredible, yet which cannot be simply dismissed.<sup>46</sup>

458 “... homœopathy ... is based on the principle of “let likes cure likes” (*similia similibus curantur*); and the “Law of the Infinitesimal Dosage” (“the more dilute the remedy, the greater its potency”).”

The language is misrepresented by Freckelton. *Similia Similibus Curantur* says “*Likes cures Likes*”, being a statement of the principle itself,<sup>47</sup> whilst *Similia Similibus Curentur* says “*let likes be treated by likes*” and is merely a directive for the profession to apply similars in practice.<sup>48</sup> As given in our *definition* above, there is *only one Law* (similars) upon which Homœopathy stands – there is, in fact, *no* law of infinitesimal dosage, and the homœopath is free to use, as did Hahnemann at the outset, any dose.

459 “[Homœopathy’s tenets] ... require a level of “belief”.”

“According to Hahnemann, homœopathic potentisations are processes by which the medicinal properties of drugs, which are in a latent state in the crude substance, are excited and enabled to act spiritually upon the “vital forces”.”

To make it clear, the practice of Homœopathy *requires no belief*.<sup>49</sup> We trust in our own careful observation, our experiment, our predictable and reproducible results,<sup>50</sup> and in our knowledge of pure post-Baconian scientific method,<sup>51</sup> and from which alone our position has been determined. Hahnemann did not hold that medicines act ‘spiritually’, but ‘*spirit-like*’, meaning *without material substance*,<sup>52</sup> and by *vital force* he refers to that ‘animating’ or ‘life-force’ which, at death, no longer exists.<sup>53</sup> The term *latency* refers to substances with negligible physiologic effect in their crude form,<sup>54</sup> but which, given in *potentised* form,<sup>55</sup> and to *sensitive subjects*,<sup>56</sup> are observed to act by triggering specific effects in those subjects.

459 “Homœopathy distinguishes itself from conventional medicine... on the basis that the latter regards disease as caused by bacteria and viruses and therefore aims to eliminate such pathogens.”

The fact is that modern pathology has, for many years, taught that it is *not* the infecting organism alone which determines its virulence, but largely the specific susceptibility of the host,<sup>57</sup> i.e., that it is the host response which determines the ultimate development of pathology.<sup>58</sup> Hence, elimination of the micro-organism associated with (triggering) a disease, can never remove the unhealthy disposition (dyscrasia).

459 “Hahnemann formed the view that there were certain diseases that lay in the background of chronic illness, passed down from generation to generation. He called these diseases “miasms” and believed that they were associated with venereal infections. The first and most basic miasm was “psora” associated with the itch that can accompany the scabies mite.”

Our opponent again speaks inaccurately without reading from the primary source.<sup>59</sup> Hahnemann's use of the term 'miasm' was specific in referring to the *infecting microorganism or parasite*,<sup>60</sup> with the resultant disease being termed the *internal miasmatic disease*, and which took its name from that of the miasm itself.<sup>61</sup> Hahnemann clearly states, contrary to Freckelton's further summation, that the psoric miasm (infecting agent) is distinct from the two venereal miasms (infecting agents).<sup>62</sup> Moreover, as has been clearly documented in our own work,<sup>63</sup> the scabies itch mite with which Hahnemann was already familiar prior to his 'chronic disease theory' was *not* held by him in any connection with *psora*. Lastly, Hahnemann taught that the miasms themselves could *not* be passed on genetically, but only by contact.<sup>64</sup>

460 "In 1814 he [Hahnemann] created a "Provers Union" of "ten disciples" whose role it was to submit to provings and to evangelise and extol the benefits of the discipline, in part from their own experience."

Here again the almost ecclesiastic push by Freckelton of things homœopathic, gently nudging the reader towards a view that 'belief' forms the basis of Homœopathy.<sup>65</sup> But had he checked the original German, he would have seen that the term 'disciple' was that of the translator,<sup>66</sup> used purely in the sense of a *disciplined* follower. The purpose of this provers union,<sup>67</sup> was to act as *provers* and/or *proving masters* (conductors of the trial) for the collection of data on substance effects.

460 "However, one of the concerns raised by critics of homœopathy is that it is fallacious to assert that homœopathy is a single, unified school. This arises from the fact that an extraordinarily wide diversity of substances is used by homœopaths, some of them more than a little unusual. Examples are the "provings" of a great many plant extracts and other substances such as acids but also of ground-up pieces of the Berlin Wall, of a shipwreck, plutonium, placentas, the focused light of the planet Venus, nitroglycerin and chocolate."

475 "Bizarre alleged "provings", such as those related to the Berlin Wall, have particularly alienated those of a scientifically rigorous disposition."

Homœopathy is indeed a *single unified science*,<sup>68</sup> but it is quite true that there are those who, for want of a standardised proper education & training, assume the title of *homœopath* but practice absurdities fundamentally *non-homœopathic*. Many such 'provings'<sup>69</sup> result from ignorance of the history and definition of this science – pseudo-provings,<sup>70</sup> and absurd ideas,<sup>71</sup> improperly attached to Homœopathy, but utterly rejected by any homœopath thoroughly trained in this science.

474 "Homœopaths pride themselves on their basis in natural and organic treatment, their integrative approach and their preparedness to spend time in a human and humane way with their patients and to listen and respond to a panoply of needs."

The terms *natural*,<sup>72</sup> and *organic*,<sup>73</sup> are inaccurate descriptors and should not form the basis upon which a treatment is sought,<sup>74</sup> for in truth, it is the size of the dose and the sensitivity of the subject which determine the potential for the unwanted effects (or toxicity) of a substance. It is for this reason that homœopathic preparations (of various sources,<sup>75</sup> in a variety of form<sup>76</sup>) given their ultra-dilution, have *no scope for toxicity*,<sup>77</sup> which distinguishes them from mainstream pharmaceutical preparations.<sup>78</sup> The preparedness to spend a sufficient amount of time with a patient, and the opportunity to build rapport, is an exemplary model often neglected by the rapid pace of the mainstream – yet this alone cannot account for the positive effects reported and documented by homœopath and patient.<sup>79</sup>

474 "... homœopathy carries a mystique of the abstruse and the recondite. It rejects technological medicine and incorporates treatment of both the body and the mind, invoking holistic images and metaphors that are straightforward and appealing and extolling the consistency of its approach and its history of two centuries of practice."

The sense of obfuscation and mystique gleaned by Freckelton stems from his inability to discern from which source Homœopathy is accurately represented.<sup>80</sup> In our own practice we utilise the patient's medical reports and findings,<sup>81</sup> and reject the notion that homœopathic treatment is 'spiritual', neither do we consider it 'natural' or 'organic', nor do we seek to persuade our patients of the virtues of Homœopathy by a short discourse on its history,<sup>82</sup> and we never lead them into a *belief* that they are better.<sup>83,84</sup> The consultation process seeks to elicit and examine *all the facts* pertaining to the patient's disorder,<sup>85</sup> together which determine our specific homœopathic diagnosis.<sup>86</sup>

474-5 “However, homœopathy is a health discipline deservedly the subject of virulent criticism by orthodox medicine on the basis of its tenets and methodologies being found repeatedly not to conform with the scientific principles of evidence-based health service provision.”

The fact is that most mainstream health-care treatments are *not* evidence-based – the calls for evidence-based prescribing in the mainstream is itself an indication of a general *lack of evidence* in prescribing.<sup>87</sup>

475 “For good reason, homœopathy has latterly attracted a number of high-profile forms of censure... In Australia ... In 2011 it [NHMRC] announced that it was “finalising a statement on homeopathy for health practitioners, that has been adapted for the Australian context from a 2010 report by the UK House of Commons Science and Technology Committee”. Subsequently it was reported to have published a draft statement (intended for internal circulation) which stated...”

In our own letter to NHMRC we identified both their scientific misconduct in holding a position *against* Homœopathy without undertaking a single piece of proper research of their own, as well the falsity of their sources cited in support of that (pre-) position.<sup>88</sup> It is bad enough NHMRC abandon scientificity, but even worse to cite a *draft* document in support of one’s own conclusion, which document NHMRC have themselves stated does not represent their position.<sup>89</sup>

477 “Until such time as homœopathy can scientifically justify its fundamental tenets, which seems inconceivable by measures such as objective peer review, double blind testing and proper replication of processes and outcomes, it cannot be said that its claims for therapeutic efficacy can be justifiable. This leaves the profession not just exposed to criticisms, such as were enunciated in the cases referred to above...”

From our own background in medical science and our position within orthodox Homœopathy, we can confidently assert the basis of orthodox Homœopathy is *reproducible* and *rigidly adheres to the modern inductive reasoning model*, and are equally capable of designing a variety of trials for both physiological effect and clinical efficacy.<sup>90</sup> The criticisms mentioned by Freckelton were of *therapist*, not *therapy*.

474 “Homœopathy ... With such a status, and the potential for harm to vulnerable patients from homœopathy...”

477 “Given the risks that homœopathy poses, as evidenced by the cases referred to above... This is important in terms of managing the dangers of homœopathy that such cases illustrate. ... the deaths to which homœopathy has contributed, as described in this column, also require that homœopathy actively generate a defensible research basis that justifies its claims to efficacy of outcome for its patients. It is only then that the claims of the medical establishment that homœopathy is a dangerous and too often a lethal form of quackery will be able to be contested rationally.”

*Homœopathy itself poses no risk* – we have clearly shown *no case against Homœopathy has been made* in Freckelton’s protracted exposition,<sup>91</sup> wherein he merely cites cases of individual error, and which cases may be multiplied exponentially if we were to examine the mainstream of medical error and malpractice. And we know of no “claims of the medical establishment that homœopathy is dangerous and too often lethal” for which comment we ask Freckelton to provide *specific reference*, or *withdraw*.<sup>92</sup>

### Conclusion

What is clear from the foregoing examination is that Freckelton possesses no clear knowledge of the topic upon which he readily issues such negative judgment,<sup>93</sup> and we trust our response serves to highlight that *science* demands facts be given predominance over mere argument.<sup>94</sup> With this in mind we offer the following words from a most noted physician:<sup>95</sup>

“A Man is hardly qualified to write on any Subject, who has not read every thing that has been well written on it; but even if he has done this, he is still qualified for nothing farther than retailing to the World the Discoveries of others, unless he adds to his reading an Examination of the Bodies themselves, and an investigation of their several Qualities and Properties under his own Eye. On a Foundation like this, he will be qualified to instruct everyone who has not been at the same pains on the Subject; he will know the real Merit of the Writings of others, by having brought them to the Test of Nature and his own Experiments, and will consequently know what of his private Observations deserve the name of Discoveries or Improvements; and what of the Accounts of others will bear Quotation or Adoption.”

*Epilogue – for the profession*

Despite the factual errors and prejudice evident in Freckelton's treatment of Homœopathy, his attack has served to illustrate the profusion of misrepresentation of Homœopathy, by both *opponent* and *proponent*. It is a lamentable truth that there are those on either side who would argue upon mere *opinion* or *belief*, without seeking out the *details in fact*.<sup>96</sup>

For those who have sifted through and weighed the *evidence* upon which their decision to pursue this science has been determined, and who therefrom have come to *agree with Hahnemann* (neither *accept* nor *believe*), it is most difficult, even embarrassing, to witness the many and even fundamental mistakes from those within our own profession who have been mistaught and subsequently assumed a position on trust – a most treacherous proceeding, as is very well conveyed in the words of Wilson:<sup>97</sup>

“...I am bound to add that it has impressed me more strongly than ever with the necessity of taking nothing upon trust, but to examine every man's literary work most carefully before venturing to accept it as truth. I have adopted this course for many years, and considerable experience has justified my caution. There are some people so organically constituted that they CANNOT be accurate in anything. This is an infirmity which, whether arising from the mental comprehension being *limited* and *obtuse*, or from other causes, renders such persons very dangerous subjects when they venture to dabble in truths affecting the interests of mankind generally.”

But what is worse, is those who claim the title *homœopath* but prescribe *not* according to *omoion*, i.e. pseudo-homœopathically,<sup>98</sup> yet are admitted into our professional associations and even hold positions of prominence.<sup>99</sup>

And so, in truth, the ‘disagreement from within’ our profession is not of ‘*homœopath vs. homœopath*’,<sup>100</sup> but, and rightly so, of ‘*homœopath vs. pseudo-homœopath*’.

The way to rectify this condition, this *disorder of profession*, is to *establish* and *uphold* a *definition* upon which an association of *homœopaths proper* may stand,<sup>101</sup> to identify and remove those who misrepresent our discipline,<sup>102</sup> and to come together with a single purpose, of *definition* – to form an association of like-minded professionals, able to learn, to teach, and to apply *omoion* to the clinical situation.<sup>103</sup>

In closing, we would invite our colleagues to reply in kind to this treatise, as not only will this continue the discourse on such important matters affecting our existence as a profession, but it will improve the body of our literature, as well enhance the clarity of our understanding, as Hahnemann well puts it:<sup>104</sup>

“...nothing educates our mind so much as (improving conversation and) the representation of our thoughts in published writing. This gradually induces a wonderful correctness in thinking, and gives distinctness of expression, so as to enable us to communicate our thoughts in such a way that others may read our very soul, and build themselves upon it. We are thus enabled to bring about in others a conviction of that which they ought to know. It is by our convictions and our doctrines that we sway our age.”

*Notes*

<sup>1</sup> *Death by Homœopathy: issues for civil, criminal and coronial law and for health service policy*, Journal of Law and Medicine, March 2012, vol.19, no.3, pp.454-478.

<sup>2</sup> What more can be expected by one who forms an opinion of a field of study, a science, and a therapeutic method with a 216 year history (of Homœopathy proper), by picking through the variety of information freely available on the internet without having themselves understood the topic sufficiently to be able to discern either the accuracy or integrity of the sources? But the real danger of his treatise is in that it extends seamlessly into fiction – that those insufficiently studied in the entire truth of the matters raised may be persuaded to accept the whole as factual, given no delineation between fact and opinion is made.

<sup>3</sup> Would this same author venture with equal audacity to pronounce the practice of the mainstream (allopathy)<sup>1</sup> as responsible for the many thousands of documented individual cases of death by misjudgement or malpractice by *its* practitioners?<sup>2,3</sup>

<sup>1</sup> The term *allopathy* [Gr. ἄλλος (allos = other, other than)] is here used in the proper sense, as coined by Hahnemann, to refer to any therapy *other than* homœopathic, that is, which does not seek in every case to apply the *Law of Similars* (*omoion*). This definition includes mainstream (western) medical practice, naturopathy, herbal medicine, vitamin or mineral therapies, etc.

<sup>2</sup> We provide the telling comments from some notable physicians of the past about their own profession, yet which have only served to better the profession:

Thomas Sydenham, *Practice of Physick*, Preface (1693), in Pechey, *The Whole works of Thomas Sydenham* (tr. from the Latin), 1734:

“...how many errors have been occasioned by an hypothesis, when writers,... have assigned such phænomena for diseases as are nowhere to be found but in their own brains.... So that the Art which is now exercised, contrived by men given to quaint words, is rather the art of talking than of Healing.”

John Crawford, *Cursus Medicinæ, or a Complete Theory of Physic*, London, 1724, Preface:

“Though the superior dignity and great importance of medicine require proportionable skill in its professors, yet, perhaps, no art is usually practised with less.”

Richard Mead, *Medical Precepts and Cautions*, translated from the Latin by Thomas Stack, London, 2nd ed., 1755, Preface:

“However, the very nature of my design compelled me to take notice of the errors of other physicians; but I have been very careful throughout the work, to do it with the same equity with which I would desire to have my own faults corrected.”

Thomas Apperley, *Observations in Physick*, 1831:

“We are too fond of Hypotheses, Set forth with store of Embellishments and other recommendatory Glosses, which serve more for Ornament than Use.” (preface)

“Opinions in Medicine are handed from one to another, and one Writer follows another, and it is thought bold to offer anything against them; you must take them on Trust.” (p.51)

<sup>3</sup> The evidence is profuse, but we would still provide a examples of some high profile allopathic physicians’ criminal misconduct:

*Conrad Murray* sentenced to 4 years for involuntary manslaughter of his patient (Michael Jackson).

*Suhail Ahmed Khan Durani*, Endocrinologist, sentenced to 26 months for sexual assault.

*Hassan Khan*, sentenced to 3 years for “shocking and distressing” sex abuse at the QE II hospital, Welwyn Garden City.

*Antony Collis*, sentenced to 8½ years for indecently assaulting 5 schoolgirls

*Suresh Surendranath Nair*, neurosurgeon, pleaded guilty to manslaughter (2 cases), sentenced to minimum 5 years

This list could be extended *ad infinitum*, yet no reasonable person would hold *mainstream medicine* to account for these *individual* acts.

<sup>4</sup> From his choice of title we see Freckelton specifically directs his attack against Homœopathy, and yet recruits all manner of disparate therapies under that head. This confusion can only stem from his own inability to correctly define Homœopathy – the very subject of his paper.

<sup>5</sup> Page 456, last line of text proper.

<sup>6</sup> This confusion is a fundamental mistake, for the pursuit itself must not be judged by the mistakes of its pursuers, but by the core principles it represents. Hence, we ‘believe’, in principle, in Politics, not politicians, Medicine, not doctors; Law, not lawyers; Engineering, not engineers, and for the same reasons, in Homœopathy, not homœopaths.

<sup>7</sup> Page 457, first paragraph. Our opponent may perhaps explain how it is possible that Homœopathy itself, which *first* taught of *reducing* the so-called ‘heroic’ (in fact murderous) doses of medicines in vogue at that time, and which spoke against the prescribing of medicines on speculation & hearsay, as for example according to their ‘signature’,<sup>1</sup> we repeat, how is it possible for Homœopathy itself to result in a fatality?<sup>2</sup>

<sup>1</sup> J.G.Milligen, *Curiosities of Medical Experience*, 1838, pp.251-253

“One of the most absurd medical doctrines that ever prevailed in the dark æras of science was the firm belief that all medicinal substances displayed certain external characters that pointed out their specific virtues. ... The *lapis aetitis*, or eagle-stone... was said to prevent abortion if tied to the arm, and to accelerate parturition if affixed to the thigh. This conceit arose from the noise that seemed to arise from the centre of the stone when it was shaken.... the very names of plants were supposed to indicate their specific qualities... the *heliotropium*, from its being marked with red specks, was employed to stop hæmorrhage... *semecarpus anacardium*, bearing the form of a heart, was recommended in the diseases of this viscus. The *cassuvium occidentale*, resembling the formation of a kidney, was prescribed in renal complaints; ... Deductions still more absurd, if possible, were recorded; thus *saxifrage*, and other plants that grow in rocky places, ...were advised to dissolve the stone; and the *echium*, bearing some faint resemblance to a viper, was deemed infallible in the sting inflicted by this reptile. The divers colours... were also another *signature*. Red flowers were given for derangement in the sanguiferous system, and yellow ones for those of the bile. ... black was especially considered as the mark of melancholy.... in our own annals we find *John de Gaddesden*, mentioned by *Chaucer*, ordering the son of Edward I, when labouring under the small-pox, to be wrapped up in scarlet; and, to the present day, flannel dyed nine times blue is supposed to be most efficacious in glandular swellings.”

Samuel Hahnemann, *On the Value of the Speculative Systems of Medicine*, 1808 (HLW501)

“... they enumerate among the virtues of crude medicines... merely on account of some external resemblance... (*signature*)... Thus the roots of the *orchis* and of the *saloop*, merely because, on account of their resemblance in shape to a pair of testicles, the ancients perceived in this a sign of their utility in aiding the sexual function... *Ranunculus ficaria* and *scrophularia nodosa* are said to be useful for piles, merely because the roots of both these vegetables present a knotty appearance similar to the hæmorrhoidal tumours. ...Because the bark of cinchona tastes bitter and astringent, therefore the bitter and astringent barks of the *ash*, *horse-chestnut*, *willow*, &c., were considered to possess the same action as cinchona bark, – just as though the taste could determine the action!

<sup>2</sup> There are many accounts from non-homœopaths who praise the work of Hahnemann in reducing suffering. For example:

Parton, J., *People’s Book of Biography; or short lives of the most interesting persons ...*, 1868, Hale & Co., Connecticut, p.276:

“Hahnemann was one of the most active, vehement, sincere, and persevering of mortals. Whether his doctrine be true or false, he has done immense good in the world by exciting inquiry, and by assisting to deliver the sick from those pernicious and violent remedies which killed more people than they cured, and aggravated disease as often as they relieved it. Bleeding, blistering, and mercury, –

how can we be too grateful to a man who put them out of fashion? And how we ought to bless the memory of him who delivered little children from those appalling doses of salts, castor-oil, and rhubarb with which they used to be terrified and griped.”

But yes, it is certainly possible for a homœopath, as for an allopath, or even a lawyer for that matter, whether by accident or otherwise, to mislead or misdirect, and with tragic result.

<sup>8</sup> Page 457, footnote 17.

<sup>9</sup> Page 457, footnote 17. The case of Steve Jobs – here we see Freckelton’s preference for a single ‘expert’ hearsay account (“Steve Jobs Was Likely a Victim of Homeopathy, Expert Tells Australian Conference”, New York Post, 12 December 2011),<sup>1</sup> despite the fact that *there was no evidence that Homœopathy played any role* in this death.

<sup>1</sup> This so-called ‘expert’ Professor Edzard Ernst, described in that same article as “...the world’s first professor of complementary medicine,” was speaking in Adelaide at the *Australasian Pharmaceutical Science Association conference*.

In his article *why I changed my mind about homeopathy* (posted in The Guardian [guardian.co.uk], Tuesday 3 April 2012), Ernst states he has scientifically investigated Homœopathy for 20 years, yet that his resultant comprehension is inadequate is seen by his erroneous conclusion that there are *two core principles* in Homœopathy, namely, that of similars, and of infinitesimals (ultra-dilute + succussed).

But as we evidence under our *definition* of Homœopathy, the size of the dose is not a foundation principle of Homœopathy. Had Ernst studied from the original *primary* sources, *chronologically*, and then undertaken experiments in order to *falsify* (i.e., *scientifically*), the claims therein reported, then we would gladly examine his own findings. Instead, what he likely means by ‘scientific investigation’ is a sifting through the numerous reports of others (themselves flawed), before dismissing any reports of homœopathic effect as ‘placebo’. As T. Apperley rightly states (*Observations in Physick*, 1731, Preface):

“...Reason not confirm’d by Experience is insignificant... to rely upon the Experiments of others, tho’ never so much extoll’d, without thoroughly examining them yourself, is dangerous;”

Ernst’s comments must thus be seen as *opinion*, which does not explain this positive homœopathic ‘placebo effect’ on farm animals, reports of which have come from non-homœopaths whose only concern was for results.\*

\* The following excerpt is taken from the *Monthly Homœopathic Review*, 1861, vol.5., pp.495-96:

“We have received,” says the editor of the *Doncaster, Nottingham, and Lincoln Gazette*, (Sept. 13th), .. a copy of a testimonial in favour of the homœopathic treatment of horses, cattle, sheep, or pigs, signed by three of the *most experienced agriculturists in this district*, with a request for its publication. ... We subjoin a copy of the written declaration:

VETERINARY HOMŒOPATHY

We, the undersigned, having used the homœopathic treatment in the most severe lung diseases in cattle with the very best results, hereby strongly urge its adoption by our brother agriculturists.

W. TINDALL, Wheatley., GEORGE MANN, Scausby., GEO. D. SIMPSON, Loversall.  
Doncaster, September 7, 1861.

<sup>10</sup> Despite their being entirely unrelated, Freckelton attempts to gain ground in his argument by raising further doubt and ‘*muddying the water*’ so to speak,<sup>1</sup> which purpose is further evidenced throughout his article.

<sup>1</sup> This type of discourse which seeks to win an argument through the cleverness and eloquence of words without primary concern for fact was termed *sophistry* (false wisdom), as opposed to *sophism* (wisdom). And this display of Freckelton is one of the best examples which we have seen in modern times in seeking, by argument, and *despite the facts*, to discredit Homœopathy.

<sup>11</sup> Dr. Marisa Viegas was a qualified (allopathic) medical graduate whose actions in this case cannot be used to condemn the entire profession. Moreover, she had no formal homœopathic training, and her actions were unrelated to either profession.

<sup>12</sup> Such misprescribing has no position in any therapy, neither was it taught to Dr. Patel as part of his homœopathic educational programme.

<sup>13</sup> Again we note there was *no finding against Homœopathy*.

<sup>14</sup> The competent adult (of sound mind) alone has the right to “self-determination”. The Australian Government’s NHMRC *General Guidelines for Medical Practitioners on Providing Information to Patients* (2004), plainly states (p.9):

“...patients are entitled to make their own decisions about medical treatments or procedures... Doctors should give advice. There should be no coercion, and the patient is free to accept or reject the advice.”

The *NSW Health Policy Directive* (27 January 2005) also clearly states (p.5):

“As a general rule, no operation, procedure or treatment may be undertaken without the consent of the patient, if the patient is a competent adult. Adequately informing patients and obtaining consent in regard to an operation, procedure or treatment is both a specific legal requirement and an accepted part of good medical practice. ... Consent to the general nature of a proposed operation, procedure, or treatment must be obtained from a patient.”

<sup>15</sup> Page 472 “...it became clear that she was opposed to surgery, chemotherapy and radiotherapy... she intended to try to treat her condition with supplements and homœopathic treatments.”

<sup>16</sup> “Intravenous vit.C & Venus fly-trap” – *not* homœopathic

<sup>17</sup> “Supplements” – *not* homœopathic

<sup>18</sup> Page 474, last paragraph. By *virulent criticism* our opponent reveals his malice against this therapeutic discipline.

<sup>19</sup> Formed upon hearsay and opinion, as is so often seen expressed by those who judge the whole therapy through examples of such individuals who misrepresent this science. It is further worthy of remark that the reports of those high profile individuals, even of Nobility and Royalty, who have repeatedly attested to the value and efficacy of Homœopathy throughout its long history, are simply dismissed in favour of its detractors.

<sup>20</sup> It is not our intention here to offer a detailed account of the science of Homœopathy. We refer the reader to our website ([www.hahnemanninstitute.com](http://www.hahnemanninstitute.com)) wherein they may find accurate, detailed, and thoroughly referenced articles, which we ask be carefully and critically analysed *with a view to finding fault*. For that is the true progress of any science – the withstanding of the test of *falsification*.<sup>1</sup>

<sup>1</sup> Francis Bacon, *Advancement of Learning*, 1605, second book, XII, §3

“For to conclude upon an enumeration of particulars, without instance contradictory, is no conclusion, but a conjecture; for who can assure (in many subjects) upon those particulars which appear of a side, that there are not others on the contrary side which appear not.”

This test has been applied by us over many years, and from this we have determined, despite our inability to comprehend the *mechanism of its action*,<sup>2</sup> that medicinal substances applied homœopathically have a very positive effect, even and especially in cases otherwise unhelped by more mainstream methods.

<sup>2</sup> For it is indeed incomprehensible why a substance that can produce symptoms can remove similar symptoms present in a subject who has not been exposed to that same substance. Nevertheless, science needs not comprehend its observations, just as it does not comprehend why two bodies, each with a mass, exert a force of attraction (gravity) – yet this force is measurable, is reproducible, and is useful in making predictions about specific situations not before seen (e.g. predicting the trajectory and landing of a projectile).

But to dismiss a *reproducible observation*, without bothering to see if it actually does exist, on the grounds that one cannot *comprehend* it – that prepositioning has no place in any true science.<sup>3</sup>

<sup>3</sup> Else the world might still be considered flat, the geocentric model of the universe unchallengeable, flight or space travel impossible, nuclear medicine inconceivable, etc. etc.

<sup>21</sup> The following excerpt highlights the necessity for definition and accuracy:

Francis Bacon, *Novum Organum*, 1620, first book, §58

“Hence the great and solemn disputes of learned men often terminate in controversies about words and names, in regard to which it would be better... to bring such disputes to a regular issue by definitions.”

R. McCausland, *Facts and Observations on Different Medical Subjects*, in Andrew Duncan, *Medical Commentaries*, 1783, v1.8., p.295:

“...it should always be remembered, that inaccuracy in words tends to produce inaccuracy in ideas, and that it is as easy to make use of a proper term as of an improper one.”

<sup>22</sup> Note Freckelton’s mistaking the etymology of the term Homœopathy, writing (p.457):

“Homoeopathy (Greek “homoios pathos”: “same/like suffering”)

Not only has the Greek been misrepresented (both grammatically and spelling-wise), its meaning was misgiven as *same*, which is very distinct from its true meaning of *similar*.

<sup>23</sup> Such disease being not in consequence of exposure to that same substance, i.e. a so-called ‘natural’ disease. By ‘disease’ we do not mean only to those identifiable, broadly-labelled conditions such as arthritis, eczema, migraine, etc., but rather, any *morbid alteration in the health*, the phenomena of which may be observed (objective & subjective *symptoms* [indications]), and in their combination identify and distinguish that patient’s complaint.

<sup>24</sup> By “effects” we refer to both objective & subjective phenomena (physiological, psychological, etc.) in consequence of exposure to a substance, even if the precise *mechanism of action* is unknown.

<sup>25</sup> The original term used by Hahnemann, *Versuch* (experiment, trial), was later (around 1816)<sup>1</sup> replaced by a more precise term *Prüfung* (proving), which is retained today. By this term he meant a methodical substance trial to determine the precise effects (signs & symptoms) on the relatively healthy, susceptible organism. This was in contrast to the then standard of *accidental* cases of overdose (toxicity) and cure (effectiveness) being the only (non-methodical) way of discovering the effects of a particular substance. Hahnemann’s model of proving trials was copied precisely by *Johann Christian Gottfried Jörg*, an eminent Leipzig obstetrician, who experimented in the manner of Hahnemann upon 26 (23 male, 3 female) volunteers, the results of which provings were widely acknowledged in medicine (for Jörg remained an allopath, applying the results of those experiments according to the doctrine of opposites (contraria)).

<sup>1</sup> Refer our detailed account on this topic in our book *Homœopathic Diagnosis, Hahnemann through Bönninghausen*, 2004, Appendix 1, *The Sources of our Materia Medica*, pp.131-142.

<sup>26</sup> This definition makes no mention of *dose* (Gr. Δόση, dosy = to give), and it is important to correct the misunderstanding that Homœopathy is distinguished by its employment of attenuated substances (ultra-dilution, + succussion).

Bönninghausen correctly apprehended the irrelevance of dose in defining Homœopathy (*On the prevention & treatment of Cholera*, 1849, in *Lesser Writings*, p.306):

“... the fundamental law of this therapy, *Similia Similibus*, does not say anything about the size of the dose...”

Indeed, in Hahnemann’s initial experiment upon himself with *Peruvian bark* (China, *Cinchona officinalis*) he uses *half the normal therapeutic dose*,<sup>1</sup> and in his early cases using this new method we see him prescribing *drop* or *half-drop* doses of standard pharmacopoeial tincture.<sup>2,3,4</sup> But as his experience and accuracy in prescribing on precise similarity improved, so did the observed aggravations to the patient, and so he gradually (not from divine inspiration, epiphany, or magic) and methodically experimented with dose.<sup>5,6,7</sup>

<sup>1</sup> Cullen, *Arzneimittellehre*, 1790, Bd.2, p.109, footnote

“Ich nahm des Versuchs halber etliche Tage zweimal täglich jedesmal vier Quentchen gute China ein; ...”

[I took, as an experiment for several days, twice daily, each time four drams [around 15.5 grams]\* of good China;]

\* Thus *infinitesimality of dose*, whilst an important discovery in itself, is only a secondary consideration – the primary, formative principle upon which everything ‘homœopathic’ depends being *similars*.

<sup>2</sup> *Hahnemann’s case of a Washerwoman* (in HLW766-773)

“Sch., a washerwoman, somewhat above 40 years old, had been more than three weeks unable to pursue her work, when she consulted me on the 1st Sept. 1815... Now, as this woman was very robust, and the force of the disease must accordingly have been very considerable, to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not consensually affected, I gave her one of the strongest homœopathic doses, a full drop of the pure juice of bryonia root, ...”

<sup>3</sup> *Materia Medica Pura*, 2<sup>nd</sup> ed., 1825, *Sarsaparilla* preamble



“For homœopathic use the undiluted tincture in the dose of one drop...”

<sup>4</sup> *Materia Medica Pura*, 2<sup>nd</sup> ed., 1826, *Sambucus* (the freshly expressed juice + equal parts of alcohol)

“For homœopathic use we require only a small part of a drop of the above-mentioned juice for a dose in order to effect all that can be done with it in a curative way.”

<sup>5</sup> *Materia Medica Pura*, 2<sup>nd</sup> ed., 1826, *Menyanthes trifoliata*

“The smallest portion of a drop of the undiluted juice I have found to be an adequate dose for homœopathic employment in every case; further experience will perhaps show that a further dilution will suffice for sensitive persons or children.”

<sup>6</sup> *Materia Medica Pura*, 2<sup>nd</sup> ed., 1825, *Veratrum album* preamble

“I have never found it necessary to give a dose of more than a single drop, often only a small portion of a drop, of white hellebore tincture, diluted to such an extent that one drop contains a quadrillionth of a grain of this root.”

<sup>7</sup> *Materia Medica Pura*, 2<sup>nd</sup> ed., 1826, *Stannum* preamble:

“...a very small portion of a grain of the above-described million-fold dilution of tin powder is more than sufficient for a dose.”

Let us restate it clearly – *the single characteristic of Homœopathy which distinguishes it from all other therapies is the application of similars*. The trials therefore of ‘ultra-dilutions’ are not testing Homœopathy at all, but only ultra-dilutions (of which there exist many examples in nature, as with the effects of ionising radiation, small doses of arsenic, or lead, etc.). Therefrom, any valid trial seeking to *falsify* Homœopathy as a therapeutic approach (the very method of modern science) *must seek to test the basis of similars*. And such trial may be well designed and properly executed *only* by those conversant with the principles of both scientific method, and of Homœopathy.<sup>8</sup>

<sup>8</sup> But Homœopathy cannot be tried, at the desk so to speak, of members of the legal establishment without training in either of the above disciplines, who may prefer hearsay & consensus with opinions already formed, to objective examination of evidence and experiment.

<sup>27</sup> *Similia Similibus Curantur* in the Latin – at that time, Latin was the common language of the learned, with the advantage that books could be read and understood by authors of different native tongues. The greatest disadvantage, gradually realised, was that the expressions in one’s own mother tongue offer greater accuracy, which also allows for a number of different translations, through which, collectively, the reader may obtain a more precise comprehension of the author’s intention.

<sup>28</sup> While general diagnostic labels provide an excellent summation and categorisation of disease for convenience in grouping, communicating to colleagues and other professionals in short-hand, as well some indication for prognostication, the homœopathic diagnosis considers further the accessory or concomitant symptoms of the patient in that illness, these being considered perhaps unrelated to the main condition,<sup>1</sup> but which nevertheless attend and distinguish the individual host response in that disorder. Thus, in contradistinction to allopathy, Homœopathy holds nearly all disorders as *syndromes*,<sup>2</sup> more or less extensive.<sup>3</sup>

<sup>1</sup> It takes little reflection to realise that a single person has a single physiology, and that physiology must divide its attention (this is well established in modern physiology), and whilst focusing on the main or most urgent condition, nevertheless (according to the diathesis of the patient) other organs or regions may be affected, which will be more or less indicative of the extent and complications of the condition given that host physiology.

<sup>2</sup> Unlike allopathy where a relatively small number of disease *syndromes* are identified, we use the term *syndrome* (σύνδρομο) in its strict sense (Gr. σύν, syn = together + δρόμο, dromo = road) to apply to every case of multi-faceted illness, whereby the seemingly separable and identifiable complaints can co-exist in unique combination, in *syn-dromal* relation (travelling along the same course). In this way, the *complete image of an illness* consisting of main and concomitant complaints is best defined as a *homœopathic diagnostic syndrome*.

<sup>3</sup> A couple of quotations from notable authors on the same topic:

Hippocrates, *The Book of Prognostics* (400BC), §15:

“It is by balancing the concomitant symptoms whether good or bad, that one is to form a prognosis; for thus it will most probably prove to be a true one.”

P. Grant, *Account of singular effects from the external application of a strong infusion of Tobacco, employed for the cure of Psora*, in Andrew Duncan, *Medical Commentaries* for the year 1786, Decade Second, vol 1, p.328:

“The concomitant circumstances of the case readily suggested to me the indication of cure.”

<sup>29</sup> *Hippocrates of Cos* (460-370 BC), known as the father of modern medicine. He refrained from theoretical speculation and often used dietetic and accessory means to treat his patients.

<sup>30</sup> *Thomas Sydenham* (1624-1689), *Opera Medica*, Genevæ, 1769, p.271 – writes that burns are best treated with spirits.

<sup>31</sup> *Georg Ernst Stahl* (1660-1734). James McNoughton, President of the Medical Society of the State of New York, in his *Annual Address*,<sup>1</sup> Feb.6, 1838, provides the following translation of Stahl (cited by Hahnemann in *Organon*, Introduction):<sup>2</sup>

“The rule adopted in medicine of treating diseases by remedies which produce effects contrary to those of the disease (*contraria contrariis*) is entirely false and absurd. I am persuaded on the contrary, that disease yields to remedies which produce an analogous affection (*similia similibus*) – burns are cured by keeping the parts affected before the fire – frostbite by applying snow or cold water – inflammations and contusions by spirituous lotions. It is in this manner that I have succeeded in correcting a tendency to acidity by very small doses of sulphuric acid, in cases where a multitude of absorbents had been exhibited to no advantage.”

<sup>1</sup> Transactions of the Medical Society of the State of New York, vol.4, 1838-40, p.8

<sup>2</sup> In Jo. Hammelii, *Commentatio de Arthritide tam tartarea, quam scorbutica, seu podagra et scorbuto*, Budingæ, 1738, viii, pp.40-42.

<sup>32</sup> Anton von Störck (1731-1803), *Libellus quo demonstratur: Stramonium, Hyosciamum, Aconitum*, [Essay on the internal use of *Stramonium, Hyoscyamus, Aconitum*] Vindobonæ, 1762, pp.8-9 gives the following reasoning (translated in *The Medical Museum*, 2<sup>nd</sup> ed., 1781, London, vol. 1, p. 451 (see also *Organon*, Introduction):

“I then again consulted both ancient and modern writers, but to no purpose. For all of them unanimously write that 'Thorn-Apple disorders the mind, causes madness, destroys our ideas and memory, and occasions convulsions... which dissuaded me from the internal use of Thorn-Apple. However, I thence formed the following query: If Thorn-Apple, by disordering the mind, causes madness

in sound persons, may we not try, whether, by disturbing and changing the ideas and common sensory, it might not bring the insane, and persons bereft of their reason, to sanity or soundness of mind, and by a contrary motion remove convulsions in the convulsed?"

Störck first used *Stramonium* (known to produce convulsions) in Epilepsy, giving ½ - 1 grain doses of the extract multiple times daily. which results were confirmed by others (*A Dictionary of Practical Medicine*, vol.2, 1833).

<sup>33</sup> Benjamin Bell (1749-1806), *A System of Surgery*, Edinburgh, 1787, vol.5, Chapter 36, p.360. Speaking of burns, he writes:

"...a considerable degree of ease may be procured by plunging the injured part suddenly into boiling water, or any other fluid of nearly and equal degree of heat... One of the best applications to every burn of this kind is strong brandy or any other ardent spirits: it seems to induce a momentary additional pain; but this soon subsides, and is succeeded by an agreeable soothing sensation. It proves most effectual when the parts can be kept immersed in it; but where this cannot be done, they should be kept constantly moist with pieces of old linen soaked in spirits."

<sup>34</sup> We see written evidence of the existence of the Latin phrase *Similia Similibus Curantur* long before Hahnemann.<sup>1</sup>

<sup>1</sup> *Galen Operum tertius tomus classem scriptorum...*, 1549; *Theatre Italien de Gerhardi*, 1717; *La Rocambole*, 1792

Individual accounts from numerous sources of a homœopathic (similar) effect may be readily seen even in the mainstream medical literature.<sup>2,3</sup> For example, *hyoscyamine* (an alkaloid of *Hyoscyamus*) is today given to relieve the symptoms of irritable bowel, which very symptoms it produces, as evidenced in both toxicological and provings records; the use of *stimulants* (e.g. *amphetamines*) for *Attention Deficit Hyperactivity Disorder* (ADHD).<sup>4</sup> And is it not mainstream medical practice to give small doses of the substance to which the patient is allergic in order to reduce their sensitivity (allergy) to that same substance?

<sup>2</sup> John Wecker (enlarged by R.Read), *Eighteen books on the secrets of Art & Nature*, Book 5, *Secrets in Physick & Surgery*:1661, p.77, quotes Lord [Francis] Bacon:

"For Burning and Scalding: Take foure ounces of the juyce of Onions, common Salt half an ounce, mingle them well together, annoint the soar."

It is of course known that onions are rubefacient, and when applied for a time to normal skin, will burn and produce blistering.

<sup>3</sup> The Employment, by Allopathic Physicians, of Remedies Notoriously Homœopathic, in *Monthly Homœopathic Review*, 1861, vol.5, pp.466-73:

"Dover's powder, composed of ipecacuanha, opium, and sulphate of potash, is the favourite agent among old-school practitioners for inducing sweating; ... and therefore we cannot help wondering upon what grounds of reasoning an allopathic physician can administer a "8weating powder" for the purpose of *stopping* sweating. Certainly, there is before him the fact, testified by eminent writers, that the *8weating sickness*, which made its appearance in England in 1485, after resisting all other treatment, gave way before the use only of *sudorifics* (Willis; also Sennert, *de Fabricius*);

...in the year 1858, the *Lancet* (March 13th)\* was obliged to notice the fact that "chlorate of potash produces a form of stomatitis resembling the one over which it possesses specific curative powers,"

\* Page 265, under the heading "*Singular Instance of Similia Similibus. &c.*"

<sup>4</sup> Mainstream medicine *again* lags behind Homœopathy in using stimulants for treating pathological hyperactivity. The main difference here being that Homœopathy, being a *science* of medicine, was able to predict this (similars) effect, whilst the mainstream found it by chance.\*

\* Madeleine P. Strohl, in her article entitled Bradley's Benzedrine Studies on Children with Behavioral Disorders, *Yale Journal of Biology and Medicine*, 2011, March; 84(1): 27-33, gives the following account:

"In 1937 [*American Journal of Psychiatry*, 1937; vol.94, no.3, pp.577-585], psychiatrist Charles Bradley administered Benzedrine sulfate, an amphetamine, to "problem" children at the Emma Pendleton Bradley Home in Providence, Rhode Island, in an attempt to alleviate headaches; however, Bradley noticed an unexpected effect upon the behavior of the children: improved school performance, social interactions, and emotional responses. ... Bradley's studies went largely ignored ... for nearly 25 years."

But homœopaths *predicted* and successfully employed (according to *similars*) stimulant medicines in such cases (e.g., *Cannabis*, *Coffea*, *Belladonna*, *Nux vomica*, etc., each given according to the *syndromy* of symptoms) long before Bradley's *chance* observation.

<sup>35</sup> *Versuch über ein neues Princip zur Auffindung der Heilkräfte der Arzneisubstanzen, nebst einigen Blicken auf die bisherigen* [In Search of a new Principle for Ascertaining the Curative Powers of Drugs, with a few glimpses at those hitherto employed], in Hufeland's *Journal*... vol. 2, 1797, pp.391- & 465-. Translated in Dudgeon, R.E. (Ed.), *Hahnemann's Lesser Writings* (HLW), 1851, p.267:

"In my additions to Cullen's *Materia Medica*, I have already observed that bark, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, *probably* it overpowers, and thus cures the latter. Now after mature experience, I add, not only *probably*, but *quite certainly*."

The publication of this article marks the birth of Homœopathy as a method of applying medicines, i.e., according to the similarity of their known effects with the collection of symptoms presented by the patient.

<sup>36</sup> The use of the term *orthodox* (Gr. *ορθός* [*orthos* = correct, proper]) in describing mainstream (allopathic) medical practice is both inaccurate & unacceptable, as it relegates other therapies into the *unorthodox*. The mainstream of medicine cannot claim this *Greek* term as their own, and we ourselves employ this descriptor to distinguishing proper homœopathic practice (*Orthodox Homœopathy*) from those 'pseudo-homœopathic' practices which are rightly criticised.<sup>1</sup>

<sup>1</sup> Thus we see a number of shocking absurdities wrongly given under the name of Homœopathy, and it is as disturbing for a homœopath as for anyone outside the profession to hear of *zebra* being prescribed for those wearing striped shirts; *mouse* for those presenting with a 'mousy' timidity; *tiger* for those overly aggressive; *oak* for those who enjoy sitting under an oak tree; etc. This is precisely the return (and extension) of the doctrine of *signatures* seen in old school (mainstream) medicine, wherein, for example, the roots of the *orchis* were prescribed as an aid to sexual function because its form resembled a pair of testicles, or red flowers given for blood disorders, etc.

And what of those who write the remedy name onto a piece of paper & place a glass of water atop, so that the medicinal 'energy' be transmitted into the fluid vehicle through its written (in Latin!) name, this supposedly being the 'higher form' of dispensing.

<sup>37</sup>Such dissatisfaction with allopathic practices may lead to a search for alternatives, but it does not explain the selection of Homœopathy in particular.

<sup>38</sup>It is in fact remarkable that patients can and will bear much inconvenience, discomfort, pain, lack of rapport, etc., so evident in the mainstream system (itself overburdened with insufficiencies of both staff and materials, etc.), and it is not this factor alone which can explain their looking to an alternative.

<sup>39</sup>Freckelton is no clinician and can have no first-hand account of patients, so it is only his opinion as to why people could possibly turn away from the mainstream, given all its science. But the sciences themselves are not the problem with mainstream medicine, and are welcomed equally for orthodox Homœopathy.

And it is *scientists*, not physicians, who develop medical *sciences* (anatomists, physiologists, biochemists, microbiologists, etc.), and physicists, and engineers, who develop the modern diagnostic and other medical equipment, which technologies are not the claim of the mainstream. The clinician's training is in the *diagnosis*,<sup>1</sup> and treatment of disease.<sup>2</sup>

<sup>1</sup> *Diagnosis*, from the Greek διά (*dia*, towards) + γνώση (*gnosy*, knowledge), meaning 'towards a distinct knowledge of'.

<sup>2</sup> There are however some inventions by physicians which stem from their clinical experience, as for example the development of the stethoscope or various surgical instruments.

It is the *practice* of medicine, in the mainstream, the *art* of it, which too often abandons scientific method for the sake of convenience, practicality, finance, but mostly from inadequate training in scientificity. Thus immunisations are given in combination to promote patient compliance (one DPT, not D,P,T). Multiple drug therapies are readily accepted because allopathy views a diagnostic disease entity as distinguishable and separate, even though they comprehend from basics that a single patient has a single physiology, and all symptoms depend upon the response of *that* physiology, and must therefore be *considered together*.<sup>3</sup> Here they prescribe a multitude of medicines, each one 'targeting' a different part, as if directing them to act only where the physicians intend. Thus there are few inroads in such treatment of *chronic* disease wherein the single process of disorder can only be addressed by a *wholistic*<sup>4</sup> approach with the complex of symptoms – the patient being considered as a whole, as is well stated by R.D.Hamilton (*Principles of Medicine*, 1821, vol.1, Introduction, p.14):

"For in every instance we must prescribe for the particular case, not for the particular disease; and without the capacity of accommodating our treatment to circumstances, we shall make but sorry practitioners, ..."

<sup>3</sup> This is a point of fundamental distinction with Homœopathy.

<sup>4</sup> The common form of this word "holistic" derives from the Greek ὅλος (*olos* = all, whole, entire), but note there is no "h" in the Greek. Remaining faithful to the Greek the term should be written '*olistic*' which is neither obvious nor necessary to convey our message. For this reason, we use the term *wholistic*, from the English *whole*, which conveys the meaning perfectly.

<sup>40</sup>It is common to find patients with recurrent illness seeking Homœopathy. Having taken mainstream pharmaceuticals for many years, although they may gain relief, they are tired of remaining unwell, or of being sick every month, or other month. For example (a real case example), let us look at a migraine sufferer, unresponsive to regular pain relief medications, whose only option therefore is to take *imigran* (sumatriptan) daily, but who nonetheless suffers a constant fullness of the head and redness of the face, with a background slight dizziness or fuzziness, visual blurring, etc., whose remaining steady-state, despite the allopathic medications, cannot be described as healthy, nor is it acceptable to the patient. These patients have no option in the mainstream – there is no organic disease found, all investigations are negative, and they are thus left to have a life of suffering.<sup>1</sup> Let Freckelton persuade them to share his faith in the mainstream, and to not seek any alternatives.

<sup>1</sup> It is not that the mainstream medical practitioner has no interest in helping, nor that they disbelieve the real suffering reported by their distressed patient. It is merely that the *paradigm* of modern medicine (requiring a *specific* diagnosis) does not afford an avenue for further assistance, and the doctor has little option (save suggesting they seek an alternative form of therapy – which is sometimes the case) but to ask their patient to put up with their condition, before providing advice about auxiliary measures, counselling, relaxation, yoga, etc.

<sup>41</sup>The great difference between mainstream (allopathic) and homœopathic diagnosis may be seen (especially in chronic disease) in that Homœopathy considers the separable diagnostic entities identified in mainstream medicine as parts of a *whole process of disorder within the framework of a single physiology*, and seeks therefrom a single medicine most fitting, by similarity with its known effects, the *syndrome* of 'diseases' presented by the patient, over time. This process requires care, attention to detail, and assumption of nothing in the collection of evident signs and symptoms towards the homœopathic diagnosis.

<sup>42</sup>The term 'naturopathy' as used in the US medical system is purely a convenient way of grouping the (disparate) alternative therapies under a single heading, as distinct from the mainstream.

<sup>43</sup>It is commonplace for the naturopath, as with the mainstream medical practitioner, to give mixtures and multiple remedies at the same time, each targeted for the 'part' which they hold to be individually disordered, stressed, or out of balance, and must hence be repaired or assisted. The homœopath proper only prescribes on the basis of similars, *demonstrable* in provings, and can therefrom only give a substance alone, in the composition of its proving.<sup>1</sup>

<sup>1</sup> It matters not the number of constituents of the substance proved\* – so long as that same product is used alone in prescribing.

\* For example, Magnesium phosphate, or Calcium carbonate, or even *Lobelia inflata* which itself contains many alkaloids. These substances, proven as a single unit, must be prescribed as a unit, and alone.

<sup>44</sup>Here is Hahnemann's own account of the experiment:

William Cullen, *Arzneimittellehre*, 1790, Bd.2, p.109, footnote:

"Ich nahm des Versuchs halber etliche Tage zweimal täglich jedesmal vier Quentchen gute China ein; ... Mit kurzem: auch die mir bei Wechselfieber gewöhnlichen charakterischen Symptomen, ... alle erschienen. Dieser Paroxysm dauerte zwei bis drei Stunden jedesmal, und erneuerte sich, wenn ich diese Gabe wiederholte, sonst nicht. Ich hörte auf und ich war gesund."

["I took, as an experiment for several days, twice daily, each time four drams [around 15.5 grams] of good China; ... To sum up: all those symptoms which to me are typical of intermittent fever ... all made their appearance. This paroxysm lasted from 2-3 hours each time, and recurred when I repeated the dose and not otherwise. I discontinued the medicine and was once more in good health."]\*

\* Refer also Richard Haehl, *Samuel Hahnemann, His Life & Work*, vol.1, pp.36-37

Whilst Freckelton may choose to dismiss this report from a celebrated physician of that time, one whose articles on various aspects of medicine were always welcomed in the prestigious *Hufeland's Journal*... , who was familiar with 9 languages, and further responsible for many thousands of pages of translations (into German) of numerous and valued medical and pharmaceutical works,<sup>1</sup> not to mention his numerous original writings,<sup>2</sup> and who was noted alongside *H. Boerhaave* and *C.W. Hufeland* as one of the three greatest post-ancient physicians,<sup>3</sup> the fact remains Hahnemann's report was made *prior* to his pronouncement of a general similar principle, and that he remained an *allopathic* practitioner for some years afterwards,<sup>4</sup> so there can be no claim of bias or blindedness made against Hahnemann.

<sup>1</sup> We herein list only a few, sufficient to evidence Hahnemann's highly regarded work:

Translations from the English (into German)

Falconer, *Experiments with Mineral Waters and Warm Baths*, 1777, in 2 parts, 355 & 439 pages.

Cullen, *A Treatise on Materia Medica*, 1790, 2 vols., 468 & 672 pages.

Monro, *Materia Medica*, 1791, 2 vols., 480 & 472 pages.

*New Edinburgh Dispensatory*, Part 1 (1797), 583 pages; part 2 (1798), 628 pages.

Translations from the French (into German)

Demachy, *Laboratory Chemist on the Preparation of Chemicals for Manufacture as for Art*, 1784, 2 vols., 302 & 396 pages.

Demachy, *The Art of Distilling Liquor*, 2 parts, 332 & 284 pages.

<sup>2</sup> Again we list only a very few of the many dozens of Hahnemann's original writings:

1786, On Poisoning by Arsenic: its treatment and forensic detection, 276 pages.

1789, Instructions to Surgeons on Venereal Disease, 292 pages.

1793-99, *Apotheke-Lexicon*, 4 parts, 280, 244, 259, 498 pages

<sup>3</sup> H.M.Hoppe: *Volks-Heillehre: Erfahrungen der berühmten Aerzte Boerhaave, Hufeland, Hahnemann*, Stuttgart, 1830, volume 3, *Samuel Hahnemann*. The following has been reported on Hoppe's estimation of Hahnemann's contributions to Medicine:<sup>1</sup>

Prof. Hoppe of the University of Basle, an allopath, says, "that the two great events in Medicine since the early ages have been these discoveries of Hahnemann:

1st. "That for every individual case of disease, the specific remedy, the individual—specific remedy must be sought for and found, and that thus in every individual case of disease, the process of cure, is a process of discovery."

2d. "The discovery of Hahnemann, that the remedy acts in small, very small doses, in smaller doses than any one has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses. A discovery" says Dr. Hoppe, "which surpasses in brilliancy all of Hahnemann's other achievements."

<sup>1</sup> W.T.Helmuth, *Introductory Lecture at the Good Samaritan Hospital*, in *Western Homœopathic Observer*, December 1867, vol.4, no.12, p.270

<sup>4</sup> Hahnemann thus writes (*A Case of Rapidly Cured Colicodynia*, 1797, in HLW306):

"When he came to me the idea of tape-worm... had taken such a firm hold of his mind... He used all the methods with patience, and pressed me to try every means with this view. Tartrate of antimony, gamboge, scammony, male-fern (one ounce daily for four days), charcoal, artemisia in large quantities, colocynth with oils, castor oil, tin, iron, sabadilla, sulphur, petroleum, camphor, asafœtida, and laxative oils – nothing was left untried;... I have forgotten to mention that I had already previously tried all sorts of powerful so-called antispasmodic remedies... without any result..."

"I determined to give him a medicine which produced very similar morbid symptoms. The similarity of the gripping pain, anxiety, constriction of the chest, fever, loss of strength, &c., produced by *veratrum album* appeared to me calculated to give permanent relief. ... The result confirmed it..."\*

\* One can see the struggle to break free of the years of training and practice as an allopath, to try, in the clinical situation, the newly realised general principle of similars. It was not a leap of faith, not divine inspiration, but necessity in the clinic which drove Hahnemann forward into this discipline.

It is this man, celebrated for his skills in observation and physic, and for the quality & accuracy of his medical and chemical translations, with whom the celebrated chemist *Lavoisier* corresponded personally, and whose insight positively changed all of medical practice,<sup>1</sup> Samuel Hahnemann, whose reported observations, two centuries removed, Freckelton would call into question.

<sup>1</sup> Prior to his becoming a 'homœopath', Hahnemann spoke against the unscientific combination of medicines and treatments; against the depleting practices of bleeding (venesection, leeching), blistering, purging, sweating, etc., which would so exhaust the patient as to frequently end in fatality; and against the large toxic doses then in common use. We read from his own words (*Are the obstacles to certainty & simplicity in medicine insurmountable?*, 1797, in HLW321-2):

"Dare I confess, that for many years I have never prescribed anything but a single medicine at the one time, and have never repeated the dose until the action of the former one had ceased; a venesection alone – a purgative alone – and always a simple, never a compound remedy, and never a second until I had a clear notion of the operation of the first? Dare I confess, that, in this manner, I have been very successful, and given satisfaction to my patients, and seen things which otherwise I never would have seen?"

But even if for nothing else, Hahnemann's name should be ranked amongst the greats in modern medicine, on the basis that it was he who first taught of the necessity of *methodical* drug trials (as opposed to chance discoveries of positive therapeutic effects until that time). In his *Versuch über ein neues Princip* ... (1796), he writes:

"Nothing then remains but to test the medicines we wish to investigate on the human body itself." (HLW263)

"A complete collection of such observations, with remarks on the degree of reliance to be placed on their reporters, would, if I mistake not, be the foundation stone of a materia medica... In them alone can the true nature, the real action of medicinal substances be *methodically* discovered..." (HLW265)

And how could so many trained physicians, as well as patients, amongst them noted persons of dignity and of letters, of nobility and royalty, of public office, of the military, and the common folk, etc., ... how could so many have been deceived by Hahnemann? Unlike our opponent, they did the experiment, they trialled the claims, and they thence found in favour of Homœopathy.

<sup>45</sup>Should the intelligent reader not expect an accurate report from a serious researcher? We were left to wonder whether Freckelton's treatise had passed through the normal editorial review process, which we later learned to be the case.<sup>1</sup>

<sup>1</sup> Freckelton, email communication (12 April 2012). This left us at a loss to explain how it is that the entire review process itself could have failed to detect the many errors herein identified.

<sup>46</sup>For example, these articles are found in the *Philosophical Transactions*:

*An anatomical account of Thomas Parre*, Dr. Harvey. Reported age 152 years, 9 months

*A Child 26 years in the Mother's belly out of the Uterus*, Dr. Bayle

*The Great Age of Henry Jenkins*, Dr. Tancred. Reported age 169 years.

The following fascinating article, by Surgeon James Jamieson, appeared in *Medical Essays & Observations*, 1752, vol.5:

*The History of a glans penis regenerated after amputation.*

<sup>47</sup>Which principle has withstood the *test of falsifiability* in the hands of those sufficiently studied & skilled in its application.

<sup>48</sup>Thus a professional society may choose, as a *motto*, the directive *let likes be treated by likes* (curentur), but the principle itself, *likes cures likes*, is written *similia similibus curantur*, as inscribed on Hahnemann's own medicine carry-case, held at the Robert Bosch IGM, Stuttgart.

<sup>49</sup>To ask if we believe in Homœopathy is like asking if we believe in a *chair*.<sup>1</sup> And let us herein not raise the postulates of modern physicists of *big bang theory*, *string theory*, *parallel universes*, all of which are unobservable and require a level of *belief*. Yet such constructs are a necessary part of scientific development – so long as they are not held as fact, and are considered only as models in search of an explanation of observable data.<sup>2</sup>

<sup>1</sup> Of course, just as we come to *expect* a chair to function as it has done, repeatedly, we may also come to *expect* a specific response to a remedy (i.e. predictability), as has been repeatedly observed and thereby confirmed.

<sup>2</sup> The problem in science is when such constructs gain a sense of security, attain an inappropriate sense of 'truth' which then hinders or even precludes any new postulate from gaining an inroad into the mindset of that profession.

But let us here reflect a little on the historical *beliefs* and therefrom the most inappropriate and dangerous treatments of the *mainstream*, as evidenced in the literature, and which would embarrass anyone today, by which medicine was brought to the brink of disaster,<sup>1</sup> owing its resurrection largely to advances in the medical sciences – as well to relatively (very) few thinking physicians (Hippocrates, Harvey, Boerhaave, Sydenham, Hunter, etc.).

<sup>3</sup> The following lamentations are given in chronological order:

Philosopher Heraclitus to his friend Aphidamas (c.500BC), in John Savage, *A Select Collection of Letters of the Antients*, 1703, p.267

"The Physicians have often consulted about my distemper, but having neither Art nor Nature to guide them, they as often fail'd of giving any probable account of it. ... *I have known some cur'd by your Recipe's, 'tis tru; but then that could only be by chance.*"

Francis Bacon, *Advancement of Learning*, 1605, 2<sup>nd</sup> Bk. X, 3

"Medicine is a science which hath been, as we have said, more professed than laboured, and yet more laboured than advanced; the labour having been, in my judgement, rather in circle than in progression. For I find much iteration, but small addition."

Thomas Sydenham, *Practice of Physick*, Preface, 1693, Tr. from the Latin, in Pechey, *The Whole works of Thomas Sydenham*, 1734

"...how many errors have been occasioned by an hypothesis, when writers,... have assigned such phænomena for diseases as are nowhere to be found but in their own brains.... So that the Art which is now excercised, contrived by men given to quaint words, is rather the art of talking than of Healing."

John Crawford, *Cursus Medicinæ, or a Complete Theory of Physic*, 1724, Preface:

"Though the superior dignity and great importance of medicine require proportionable skill in its professors, yet, perhaps, no art is usually practised with less."

Thomas Apperley, *Observations in Physick*, 1731, p.2:

"The Indulging of an unruly Fancy, instead of a solid Reasoning and Judging concerning Things, has been a great Cause of Error, and Impediment of Truth in the Medicinal Art."

John Barker, *An Essay on the Agreement between Ancient and Modern Physicians*, 1747:

"I am not weak enough to expect that a *Defence of the Art of Physick* will be much relished by the Publick, who, in general, are glad of any Occasion to run it down..." (Preface, X)

"... it is too evident that the Credit of the Art is rather declining than the contrary... t is justly to be feared that, in future Times, Physick may once again be brought so low, as to be esteemed the most base and contemptible, instead of the most excellent of all Arts..." (page 2)

Charles Alston, *Lectures on the Materia Medica* (published posthumously), 1775, Lecture 1, vol.1, pp.6-7:

"Is it not a pity that there should be such differences of opinions, and such various modes of practice, &c. among physicians, ... It has ever been the misfortune of medicine to have more pretenders to it, than to any other science ...how ignorant soever they be of the disease as well as the nature of their own boasted remedies."

From this factual recount, which may be multiplied *ad nauseam*, the reader will perhaps excuse our being less convinced of the scientificity of mainstream medical practice than our opponent.

<sup>50</sup>Such 'trust' is borne of our attitude at the outset of accepting nothing on faith, such that each observation-based postulate must withstand the test of *falsification*. It was Hippocrates, 400 BC, who so well stated it (*Ἰπποκράτους*, Αφορ., 1,1):

Ο ΒΙΟΣ βραχύς, ἡ δὲ τέχνη μακρὴ, ὁ δὲ καιρὸς οἰζύς, ἡ δὲ πείρα σφαλερὴ, ἡ δὲ κρίσις χαλεπὴ ...

[Life is short, the Art long, the opportunity fleeting, experience fallacious, the decision difficult ...]

<sup>51</sup> Refer Francis Bacon, *Novum Organum*, 1620:

“The formation of notions and axioms on the foundation of true induction is the only fitting remedy... (1st book, §40)

“We must not imagine and invent, but discover the acts and real properties of nature.” (2nd book, §10)

We invite our opponents to debate the inductive process of modern science in a mutually respectful manner. For we hold the view that whosoever has understood that model and understood Homœopathy proper, should their intellectual faculty be unimpaired and their reasoning objective, will not fail to see the striking similarity between one and the other.

<sup>52</sup> One must keep in mind the times in which Hahnemann lived, and how observers sought for terms which would describe those phænomena not properly understood. So that a medicine so far diluted as to conceivably contain nothing of substance, which still evidenced clinical effect, could only be compared to a ‘spirit-like’ action.

<sup>53</sup> Hahnemann did not mean the *soul* of the *spiritual being* which departs the body at death. Rather, that ‘animating’ force, which expires completely at the moment of death – the life force, vital force, dynamis, etc.

<sup>54</sup> For example, the medicine *Lycopodium* whose spores are considered physiologically inactive and were used for enteric coating of tablets in mainstream medicine. This remedy has proved to be a most significant medicine in Homœopathy, affecting multiple regions (i.e., a *polychrest*), and Hahnemann records 1608 symptoms from himself and seven other contributors. Hahnemann writes (*Chronic Diseases*):

“This yellowish powder, smooth to the touch and resembling dust, is obtained toward the end of summer in the forests of Russia and Finland from the spikes of the club-moss (*Lycopodium clavatum*), which are dried and then beaten. It has been used hitherto to make artificial lightning, by blowing it through the flame of a candle, also to sprinkle over pellets which else easily stick together, and also to sprinkle it on excoriated folds in the human body to protect them against painful friction. It floats on liquids without being dissolved, is without taste and smell, and in its ordinary crude state almost without any medicinal effect on the human body. The accounts given by the ancients as to its effects, have at least not been confirmed by modern investigators, but rather drawn into doubt. But when the pollen of the club-moss is treated in the mode by which the homœopathic art unveils the crude substances of nature, according to the direction given above for the preparation... there arises a wonderfully effective medicine...”

<sup>55</sup> The manufacture of homœopathic medicines involves a serial *dilution* + *succussion* process, by which despite their possible ultra-dilution, the medicines retain their potential for therapeutic effect,<sup>1</sup> but only when given to a sensitive subject.<sup>2</sup>

<sup>1</sup> This effect potential is not retained if *dilution alone* (i.e. without succussion), is performed.

<sup>2</sup> Such sensitivity is *atypical* (idiosyncratic) in normal health, but it is *typical* in patients presenting with *similar* symptoms, who then react readily to the homœopathically selected medicine.

<sup>56</sup> Hahnemann writes (*Organon*):

§121 “In proving medicines to ascertain their effects on the healthy body, it must be borne in mind that the strong, heroic substances, as they are termed, are liable even in small doses to produce changes in the health even of robust persons. Those of milder power must be given for these experiments in more considerable quantities; in order to observe the action of the very weakest, however, the subjects of experiment should be persons free from disease, and who are delicate, irritable and sensitive.”

§130 “If, at the very commencement, the first dose administered shall have been sufficiently strong, this advantage is gained, that the experimenter learns the order of succession of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine, for then the order of the primary actions, as also that of the alternating actions, is observed in the most unambiguous manner. A very moderate dose, even, often suffices for the experiment, provided only the experimenter is endowed with sufficiently delicate sensitiveness, and is very attentive to his sensations. The duration of the action of a drug can only be ascertained by a comparison of several experiments.”

§132 “...In this manner the action of an unknown medicine, even of the mildest nature, will be revealed, especially if tested on sensitive persons.”

<sup>57</sup> A compromised defence mechanism results in abnormal reaction – allergy, autoimmune disease, opportunistic infection, etc. But even in (relative) health, individual susceptibilities to specific stimuli may vary greatly, and are influenced by various factors such as age, race, sex, and circumstances and environments.

<sup>58</sup> Thus we see that even with the most virulent of micro-organisms, not everyone is affected equally. For example the dreaded *Ebola* virus disease averages a death rate of around 65%, and those who recover may do so rapidly and completely, whilst others may suffer a protracted course.

<sup>59</sup> Freckelton’s mistake here is due to his dependence upon secondary sources whose (in-) accuracy he was unable to discern. This lamentable practice of forming an opinion by borrowing from secondary sources themselves full of interpretation, extension, assumption, etc., is not an uncommon mistake even within our own profession, largely borne of the misteachings by self-titled ‘homœopaths’ not having themselves studied the original *primary* sources. We invite the reader to examine our own dissertation on the *Theory of Chronic Disease According to Hahnemann* (2<sup>nd</sup> ed., 2005), wherein we provide the evidence for our position, taken from the source himself.

<sup>60</sup> For example, speaking on the infectious nature of the cholera miasm (1831 cholera epidemic), Hahnemann says (HLW758):

“On board ships—in those confined spaces, filled with mouldy watery vapours, the cholera miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of cholera most probably consists... The cause... is... composed of probably millions of those animated beings, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction and attaching themselves closely to him...” (*The Mode of Propagation of the Asiatic Cholera*, 1831).

<sup>61</sup> This is identical to the current state of nomenclature in mainstream medicine, for example, hepatitis B is the disease consequent to infection with the hepatitis B virus (infecting agent), and measles is the disease developed following infection with the measles virus. We even have *slow* viruses which derive their name from the fact that not only do they show a long period of latency, but also, the diseases which they produce evolve slowly (e.g. the spongiform encephalopathies of *Kuru* and *Jakob-Creutzfeldt* disease; *subacute sclerosing panencephalitis*; *progressive rubella encephalitis*, etc.).

<sup>62</sup>Hahnemann discusses the three known chronic miasms (*i.e.* infecting agents which produce chronic disease):<sup>1</sup>

- sypilis* (producing the venereal chancre disease)
- sycosis* (producing the venereal fig-wart disease)
- psora* (producing the chronic disease at the foundation of the eruption of the *itch* [not scabies])

<sup>1</sup> *The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure*, translation from German by L.H.Tafel, 1895 [CD], p.97

<sup>63</sup>Dimitriadis, G.: *The Theory of Chronic Disease According to Hahnemann*, 2<sup>nd</sup> ed., 2005.

<sup>64</sup>Even after all the correct comments which Haehl has written about Hahnemann and the infectious nature of miasms, he still misunderstood Hahnemann's model of *psora* when he said (*Samuel Hahnemann, His Life and Work* [HHL], vol.1, p.144):

“To Hahnemann *psora* is a disease or disposition to disease, hereditary from generation to generation for thousands of years and it is the fostering soil for every possible diseased condition.”

R.E.Dudgeon accurately summarises the misconception (*Lectures on the Theory and Practice of Homœopathy*, p.294):

“It is a noteworthy fact that many of the homœopathic writers in this country, and some abroad, are so little acquainted with those doctrines of Hahnemann on which they write, as to state over and over again that Hahnemann's *psora*-theory was a recognition of the hereditary nature of many diseases, and they would make it appear that Hahnemann speaks of the psoric taint being transmitted from parent to child.”

From Hahnemann's own words (*Organon*, §284 footnote):

“Since most infants usually have imparted to them *psora* through the milk of the nurse, if they do not already possess it through heredity from the mother... the *psora* ...”

The word used for ‘heredity’ in all these entries by Hahnemann in the original German was *Erbschaft*, which term means inheritance, legacy. But it did not at that time have any connection with genetic transmission, rather, just ‘passing something on’, as in possessions, property, etc., and it is in this sense that Hahnemann used the term *Erbschaft*, meaning ‘passed on’ (from the mother)<sup>1</sup>, as with trans-placental (during pregnancy) or contact transmission during actual parturition. This position is made clear by Hahnemann when writing on the venereal disease:<sup>2</sup>

“The venereal affections of new-born infants have very rarely been an object of investigation... Most authors hold them to be an infection in the mother's womb; others, but few, consider... [them] to be local inoculation...”

<sup>1</sup> A genetic inheritance would be equally applicable to the father of the child also

<sup>2</sup> *Instruction for Surgeons respecting Venereal Diseases...* (1789), in HLW, p.144

Whilst the miasm is not *itself* passed on from generation to generation, the *effects of the disease consequent* to infection may indeed be passed on.

<sup>65</sup>Whilst Hahnemann states his belief in a ‘beneficent’ God, in having provided for the ability of Man to heal his ailments, he never invokes his belief to ‘reveal the way’, and always demands we use our own God-given powers of observation in a careful examination of evidence, taking nothing upon trust, as we read (*Organon*, Introduction):

“In such an important affair as that of healing, which demands so much intelligence, reflection and judgment, how could the old school, which arrogates to itself the title of rational, choose as its best instructor, as its guide to be blindly followed, the unintelligent vital force, inconsiderately copy its indirect and revolutionary operations in diseases, imagining these to be the non plus ultra, the best conceivable, when that greatest gift of God, reflective reason and unfettered judgment, was given us to enable us infinitely to surpass it in salutary help to suffering humanity?”

<sup>66</sup>R.E.Dudgeon, who rendered many of Hahnemann's works into English. Here we see the various German terms used by Hahnemann and given by Dudgeon as ‘disciple’, which at that time, was used in its true sense to mean one disciplined in the following, as with a student following the teacher's directions – nothing religious in its context. For example:

- Schülern* (*Organon* §80, footnote) [pupil]
- Nachfolger* (*Organon* §109, footnote) [successor, follower]
- Nachahmer* (*Organon* §260, footnote) [imitator – describing those who merely imitate but do not properly comprehend]

<sup>67</sup>Hahnemann's Prover's Union (initially there were 10 volunteers, but only 8 persisted), contributing to our pharmacographic record as follows:

- Franz, Karl Gottlob* (37 medicines, 1900 symptoms)
- Gross, Gustav Wilhelm* (43 medicines, 2380 symptoms)
- Hartmann, Franz* (28 medicines, 880 symptoms)
- Hornburg, Christian Gottlob* (24 medicines, 750 symptoms)
- Langhammer, Christian Friedrich* (47 medicines, 1600 symptoms)
- Rückert, Ernst Ferdinand* (8 medicines, 100 symptoms)
- Stapf, Johann Ernst* (43 medicines, 1000 symptoms)
- Wislicenus, W.E.* (25 medicines, 840 symptoms)

<sup>68</sup>We must distinguish the *science of Homœopathy* itself, born of inductive reasoning following observable and reproducible phenomena, from the errors of the various individuals or schools who are poorly trained and misrepresentative. And would anyone propose that Theology be abandoned because there are many & fundamentally different schools of thought? Or is there no place for Politics simply because of the many different views of politicians? *The pursuit itself, despite the errors or even valid differences of its pursuers, stands firm on principle and cannot be simply dismissed.*

<sup>69</sup>The valid proving of *Glonoine* was first introduced into medical practice by the homœopath Constantine Hering, in Philadelphia. It was subsequently employed also in mainstream (allopathic) medical practice (e.g., for angina) where it is referred to as *Glyceryl trinitrate*.

<sup>70</sup>The modern so-called ‘provings’ lack any proper controls or objectivity, being largely conducted by those with little or no scientific understanding, and disposed to abstract imaginings and ‘insight’.<sup>1</sup>

<sup>1</sup> Francis Bacon, *Novum Organum*, 1620, first book: §112

“...for the mind is fond of starting off to generalities, that it may avoid labour...” (§20)

“For men ... have wasted much time on theories and the fictions of the imagination.” (§112)

Thus we learn of ‘experiments’ where half a group of students are given to take (or just hold) a medicine, the others abstaining. When, during the subsequent class (next day), they discuss amongst themselves their ‘symptoms’, and find that all those present at the class – whether they had taken the medicine, only held the bottle, or not taken it – all reported similar effects, which were simply believed and recorded as factual. And what of those who write the remedy name onto a piece of paper & place a glass of water atop, so that the medicinal ‘energy’ be transmitted into the fluid vehicle through its written (in Latin!) name, this supposedly being the ‘higher form’ of dispensing.

The unsuspecting and vulnerable student learns wrongly, and Homœopathy is left to be represented by such unwelcomed absurdities,<sup>1</sup> furthest from anything intended or perhaps imagined by its founder (Samuel Hahnemann).

<sup>1</sup> The absurdity herein referred to is that such practices are being (mis) taught in the name of Homœopathy.

<sup>71</sup> As if the concrete of ‘Berlin Wall’ has absorbed the ‘energy’ or ‘feeling’ of conflict and segregation of the people affected. And whilst there may be something more than we ourselves can comprehend in this type of conception, the fact remains that this has no connection to anything homœopathic – a better descriptor being *semeiopathic* [Gr. *σημείο*, symeio = mark, sign], or *symbolopathic* [Gr. *σύμβολο*, symbolo = symbol, sign].

<sup>72</sup> This term (implying *safe*), is generally used to distinguish the ‘alternative’ medical products from those ‘pharmaceuticals’ (& their potential for side effects) of mainstream medicine. But given homœopathic medicines (not to mention *vitamins*, *supplements*, etc.) which are *manufactured* are not ‘as found in nature’, then they cannot properly be described as ‘natural’. In any case it is inaccurate to consider *natural* as synonymous with *safe* – as is readily seen by the fact that some of the most venomous and deadly substances are of ‘natural’ source, as for example the paralyzing poison (*tetrodotoxin*) of the puffer fish & blue ringed octopus, or the neuro- & cardio-toxic box jellyfish venom; not to mention the botanical (e.g., *Aconite*, *Belladonna*), mineral (e.g., *Antimony*, *Arsenic*), and metallic (e.g., *Lead*, *Mercury*) poisons.<sup>1</sup>

<sup>1</sup> And it is true that many of the most violent poisons prove to be the most useful of medicines – the most virulent poison can be made relatively safe through extreme dilution, yet without losing their efficacy when accurately prescribed, homœopathically.

Similarly, it is not the *synthetic* nature of pharmaceuticals which is responsible for their potential for severe side-effects, but the size of the dose in which they are prescribed, determined (by a series of drug trials) to be the *maximal sub-toxic dose*.<sup>2</sup>

<sup>2</sup> Thankfully, there have been some moves even in the mainstream medical community to *reduce the dose* of medication (it has only taken them 2 centuries to see the validity of Hahnemann’s findings, albeit only due to their trying to reduce costs to the health-care system)\*, as we read from the following report (D.A. Johnson, in *Medscape Gastroenterology*, 20 April 2012):

... patients should be treated with H2 receptor antagonist (H2RA) or proton pump inhibitors (PPIs) at the lowest dose to achieve effective symptom control. I agree with this wholeheartedly. ... as a general principle, we should keep patients on the lowest effective dose to control their symptoms.

\* K.E. Joynt & A.K. Jha, *Thirty-Day Readmissions...*, *The New England Journal Of Medicine*, Perspective, 12 April 2012:

“As part of the Affordable Care Act (ACA), Congress directed the Centers for Medicare and Medicaid Services (CMS) to penalize hospitals with “worse than expected” 30-day readmission rates. This part of the law has stimulated hospitals, professional societies, and independent organizations to invest substantial resources in finding and implementing solutions ...”

<sup>73</sup> The term *organic*, strictly speaking, in chemistry, refers to Carbon. But it has come to mean without ‘chemical’ additives, or devoid of ‘synthetic’ or pharmaceutical drugs, as with “organic foods”. Given Homœopathy also employs substances derived from *inorganic* (e.g., *Alumina*, *Cuprum*, *Plumbum*), synthetic (e.g., *Causticum*, *Creosote*, *Glonoin*), and even pathological (*nosodes*) sources, the term ‘organic’ cannot be rightly attached to these substances.

<sup>74</sup> The basis of any treatment choice should depend upon the weighing-up of projected benefits vs. risks, including any serious or long term sequelæ posed by the treatment.

<sup>75</sup> Animal, vegetable, mineral, etc., depending on the provings record of their effects, and matched according to the similarity with the patient’s presenting condition of disorder.

<sup>76</sup> Powder, granule, globule, tablet, liquid.

<sup>77</sup> The *UN Single Convention on Narcotic Drugs*, concerns itself with preparations which ‘contain’ a drug, which definition necessarily excludes any homœopathic preparation more dilute than around 1 part in 1000 ( $10^{-3}$ ). Hence, by UN legal statute (to which Australia is a signatory), homœopathically prepared substances derived from (but containing no appreciable) narcotic, such as *Opium 30* (representing a (succussion and) dilution of  $10^{-60}$ ) cannot be restricted.

<sup>78</sup> This very advantage proves Homœopathy’s most insurmountable stumbling block, leading to the presumption “for how is it possible for something which contains nothing to have an effect – it must be only placebo.”

Yet there are numerous examples of effects from ultra-dilute substances,<sup>1-4</sup> and we are of the view that the answer, perhaps, to unlocking the ‘mystery’ of such effects rests *not* upon chemistry, but *physics*, and there have been some excellent results of biophysical research demonstrating a change in physical parameters of ultra-dilutions (beyond Avagadro’s number) such as dielectric constant, and hydration layer matrices, and more recently the work of Luc Montagnier. This is where modern research efforts should be focused.

<sup>1</sup> Low-Dose Cadmium Exposure Reduces Human Prostate Cell Transformation in Culture and Up-Regulates Metallothionein and MT-1G mRNA, *Nonlinearity in Biology, Toxicology and Medicine*, \* 2003 April; 1(2): 199–212:

“[Prostate] Cells were exposed to low and ultra-low doses ...  $10^{-6}$ ,  $10^{-7}$ ,  $10^{-18}$ ,  $10^{-21}$ ,  $10^{-32}$ , or  $10^{-36}$  M) of Cd for 20 weeks followed by treatment with  $10^{-5}$  M Cd for another 8 weeks. Continuous exposure of RWPE-1 cells to  $10^{-5}$  M Cd results in malignant transformation. However, cells pretreated with low and ultra-low doses of Cd had delayed transformation compared with controls. ...



In conclusion, our experiments show that long-term exposure of normal prostate cells to Cd at low and ultralow-doses impart biological activity resulting in protection against toxic doses.”

\* This interesting journal, initiated in 2003, focuses on understanding the dose-response curve, in particular the “...nonlinear dose-response relationships.” The reader will recall the non-linear component of the dose-response curve is seen particularly at low doses, and our profession would do well to follow this journal with interest.

<sup>2</sup> Tsai, RY, Tai, YH, Tzeng, JI, et al., Ultra-low dose [15ng] naloxone restores the antinociceptive effect of morphine in pertussis toxin-treated rats and prevents glutamate transporter downregulation by suppressing the p38 mitogen-activated protein kinase signalling pathway. *Neuroscience*, 2009, Apr 10;159(4):1244-56.

<sup>3</sup> Fentanyl Ultra Low Doses Effects on the Nociceptive Threshold (refer <http://clinicaltrials.gov/ct2/show/NCT00454259>)

“Exaggerated pain and hyperalgesia are major issues after surgery and can lead to chronic pain. Opioid are parts of pain sensitization processes but remain absolutely necessary in the intraoperative period ... Recent studies show that in pain and opioid-experienced rats (POER) fentanyl ultra low doses do not induce analgesia, as observed in naive rats, but hyperalgesia. This is the first demonstration that a drug can induce opposite effect depending on individual history.”

<sup>4</sup> Paquette, J.: Ultra-Low Dose Antagonist Effects on Cannabinoids and Opioids in Models of Pain: Is Less More? PhD. Thesis, Queen’s University, Ontario, 2007. The author concludes:

“This thesis demonstrates that the ultra-low dose phenomenon, previously identified in the opioid receptor system, is also a property of the cannabinoid receptor system. ... One important finding of this thesis is that the ultra-low dose phenomenon is not specific to the opioid receptor system. We can speculate, therefore, that ultra-low dose effects are a generalized principle that applies to many G-protein coupled receptors. In support of this hypothesis, there is evidence that other receptor systems appear to exhibit ultra-low dose effects, although these have not been tested specifically. ... The ultra-low dose phenomenon is reminiscent of homeopathic principles.”

<sup>79</sup> If the effectiveness of Homœopathy were simply that of placebo, then the mainstream allopathic school would do well, in the interests of their patients, to offer the same advantage in such cases which, *out of necessity*, turn to alternatives.

<sup>80</sup> For how is it possible to determine the facts by merely searching through a cross-section of an unregulated profession which, unfortunately and improperly now comprises a large number of poorly trained or self-titled ‘practitioners’, and whose only connection to anything ‘homœopathic’ is their use of medicines which are labelled as such?

<sup>81</sup> For these form a part of the facts of the case, and help to determine the gravity of the condition, as well provide help in determining the management and the prognosis of the patient.

<sup>82</sup> The real ‘*proof is in the pudding*’ so to speak, so we do not venture to discuss our science or approach until the patient has evidenced improvement – for whatever the explanation or the history, it matters not the slightest unless the condition for which the patient sought treatment improves.

<sup>83</sup> On the contrary, we actively avoid putting leading questions, and further cross-check all answers at various stages against careful re-questioning, ensuring greater consistency and accuracy.

<sup>84</sup> At follow-up we maintain a degree of disbelief in the patient’s assessment, whether better, worse, or no change, and carefully investigate their present state to compare the original presentation by which we may draw our own assessment of the changes, if any, from the initial prescription. For it is true that some patients tend towards exaggeration, others towards underestimation, and others still, out of their good naturedness will want to report some improvement, even for fear of being released from your care. Hahnemann says this quite well (*Organon*):

§96 ... patients themselves differ so much in their dispositions, that some, especially the so-called hypochondriacs and other persons of great sensitiveness and impatient of suffering, portray their symptoms in too vivid colours and, in order to induce the physician to give them relief, describe their ailments in exaggerated expressions.<sup>1</sup>

<sup>1</sup> A pure fabrication of symptoms and sufferings will never be met with in hypochondriacs, even in the most impatient of them — a comparison of the sufferings they complain of at various times when the physician gives them nothing at all, or something quite unmedicinal, proves this plainly: — but we must deduct something from their exaggeration, at all events ascribe the strong character of their expressions to their excessive sensibility, in which case this very exaggeration of their expressions when talking of their ailments becomes of itself an important symptom in the list of features of which the portrait of the disease is composed. The case is different with insane persons and rascally feigners of disease.

§254 ... there are among patients persons who are either incapable of giving an account of this amelioration or aggravation, or are unwilling to confess it.

§256 On the other hand, ... even though he should good-naturedly assure us that he feels better, as is not infrequently the case in phthisical patients with lung abscess, we must not believe this assurance...

<sup>85</sup> The homœopath’s collection of information must never exclude any symptoms (indications), including physical signs obtained at examination, diagnostic imaging, or other reports of pathology, as well as reports of the patient’s attendants. Hahnemann himself used a stethoscope and trocar in his practice (held at the *Robert Bosch IGM*, Stuttgart).

<sup>86</sup> The *homœopathic diagnosis*, in contrast to allopathy which attaches a name to the disease alone, identifies the disease after its specific homœopathic remedy – e.g., a *Nux vomica* gastritis, an *Aconite* cough, a *Cannabis* cystitis, an *Arsenicum* fever, or, in more general or multi-system conditions: an *Ignatia*, *Veratrum*, or *Lycopodium*, etc. disorder. General or non-remedy/case-specific classifications (e.g., asthma, depression, etc.) are insufficient for an accurate homœopathic diagnosis.

<sup>87</sup> This lack of evidence-based in mainstream treatments is both indisputable and readily acknowledged by that profession.<sup>1</sup> The routine prescribing of antibiotics for simple sore throat, or a cold, where the condition is likely be self-limiting and which requires no medical intervention, rather, simple accessory measures, is not praiseworthy practice. Further, the routine prescribing of vitamins and supplements by the mainstream medical practitioner on the theoretical basis that it ‘won’t do any harm’ as they are just vitamins, is another example of theoretical speculation without *evidence*. We now know that both vit.D and iron supplementation given to the elderly may lead to serious consequences.

<sup>1</sup> In his recent interview (in *Medscape Internal Medicine*, 18 April 2012), J.M. Smith stated:

“Most of medicine isn't evidence-based. The overwhelming majority is more "eminence-based," ... We do things because we have always done them. That is going to be less tenable, and you will be put under more and more scrutiny about "Why is that? Why is this happening to me?" or "Why, doctor, are you doing that as opposed to this?" You peel back the level that says, "Well, actually, there isn't any evidence to support that. That was merely my historical preference as opposed to my data-driven wisdom and decision-making." That will put pressure on what we do and will ask us to answer some of the questions about dominant practices that are founded largely by history.

...If you go to your doctor at the moment with lower back pain, there is a pretty good likelihood that you will get some imaging for that, and there are pretty good data that say that no subsequent decisions hinge on the observations made in that imaging... we fully know that 30%-40% of the people to whom we provide such therapies derive no benefit but experience all the costs and all the adverse consequences.”

<sup>88</sup> We provide the following excerpt from our letter (dated 21 May 2011), to the NHMRC CEO Professor Warwick Anderson:

... NHMRC had, by its own statement, already adopted a (pre-) *position*, and then sought a non-transparent and *selective consensus* from those already known to be of the same view, themselves equally ignorant of the facts *defining* Homœopathy proper. The following documents cited by NHMRC in support of their pre-posture, are both inadequate and inappropriate for the purpose:

1. The *Report Of The Council On Ethical And Judicial Affairs* has no bearing on Homœopathic practice (over and above its relevance in any therapeutic practice), since any properly and deliberately prescribed homœopathic medicine are *not intended as placebo*. Your use of this citation therefore evidences your own erroneous *opinion* that Homœopathy is merely placebo medicine.
2. The *House of Commons Evidence Check* report, was specifically framed to consider the question of NHS support for homœopathic medicine in the UK, and is only an inquiry by a parliamentary committee themselves without medical expertise in this area. Nor can such report, relying on testimonials and opinion, be used by an *Australian authority*, as a basis for an authoritative conclusion. NHMRC can therefore only have cited this report because *they already agreed* with it – evidencing a clear *opinionated pre-position*.
3. The WHO report on *Safety Issues in the Preparation of Homœopathic Medicines* – this document specifically discusses concerns for the safety of the homœopathic medicinal preparations, and in so doing fully *acknowledges this therapy as one of choice* world-wide – the exact opposite of the *dismissal* shown by NHMRC to Homœopathy.

That NHMRC have neither invited expert input from *leading homœopathic practitioners*, nor *first-hand* accounts from patients, makes any claim to *informed* decision-making spurious. Moreover, NHMRC's stated intention to “improved self-management” is clearly fallacious, since they exclude any input from, or consultation with, the very profession it claims to assist; rather, they evidence an intention to *discredit* Homœopathy, its practitioners, supporters, and patients.

<sup>89</sup> Professor Anderson's reply (1 September) did not address the complaints we raised, but did conveniently state that that document was a “...working draft which was released without NHMRC's knowledge or authorisation.”

<sup>90</sup> We welcome the provision of funding and facilities, and shall be happy to design and execute controlled trials to satisfy all observers as to the facts regarding the basis and clinical effectiveness of Homœopathy.

<sup>91</sup> We note our opponent accepts the significant ‘status’ of Homœopathy within the general community, whilst at the same time seeking to discredit it by his own opinion – and if it be only a matter of opinion, then surely his carries no more value than any other thinking adult at liberty to free speech and self-determination.

<sup>92</sup> Such spurious and defamatory comment, issued against an entire profession, has been made without supporting evidence, despite Freckelton's otherwise liberal use of reference (100 footnotes).

<sup>93</sup> Particularly in matters of science, the critical examiner must first *define* their subject so as to ensure his object is properly represented. In this matter of Freckelton vs. Homœopathy, we see from his numerous factual mistakes, that such definition was not offered because it was not possible.

<sup>94</sup> Such attacks are mostly made upon the seemingly reasonable view that ‘something which contains nothing’ could not possibly work.<sup>1</sup> This is the commonly held opinion of many pseudo-skeptics (*askeptics*),<sup>2</sup> dismissive of the possibility without bothering to examine, objectively, the facts, upon which we welcome serious discourse.

<sup>1</sup> Yet, incredible and as it sounds, our concept of ‘nothing’ and our comprehension of our surroundings must conform to our observations of reproducible phenomena – for this is the *process of science*.

<sup>2</sup> The title of *skeptic* is improperly and readily claimed by many who, instead of ‘thinking’ (Gr. σκέψη, *skepsy* = think, reflect) would readily pass and seek to confirm their pre-determination (opinion) via antics (for they cannot be termed experiments), without proper reflection or comprehension of the facts.

<sup>95</sup> John Hill, *The History of the Materia Medica*, 1751, Preface, p.ii.

<sup>96</sup> We have heard, for example, our supporters, students, practitioners, teachers, exclaim that Homœopathy is ‘scientific’ even though they have not themselves studied *science*. It is inappropriate for anyone to hold any view without being able to identify what it is that *defines* science, and what *defines* Homœopathy. For this very reason a good homœopathic education requires a good education in the sciences.

<sup>97</sup> Wilson, D., *The Defence of Hempel's Apologist [Dr. Cockburn] Analysed*, in *Monthly Homœopathic Review*, 1863, vol.7, p.330. This article forms part of a series which ran for around 18 months on the matter of Hempel's very poor translations of Hahnemann's pharmacographies. Wilson rightly and accurately demonstrates the serious errors of omission, truncation, and alteration, of the symptoms recorded by Hahnemann by Hempel.

<sup>98</sup> Hahnemann defined the *practice of Homœopathy* to mean *solely the application of similars*, as determined by a comparison of the *observable symptoms* of disease with the *demonstrable effects* of a substance. This practice requires a fore-knowledge of the symptoms of both disease & substance, and Hahnemann developed his methodical substance trials (provings) as were recorded in his *Fragmenta*, then *Reine Arzneimittellehre*, and then *Chronischen Krankheiten* (as well some elsewhere).

It is only through a careful examination of Hahnemann's pharmacographic record, and then comparison with the record of *old school* toxicological reports cited, that we may begin to appreciate the accuracy and effort of Hahnemann's undertaking.

From our own work in this area, we can affirm that neither the *methodology* nor *scientificity* of Hahnemann's provings has been matched by any of the modern efforts.

But instead of studying these excellent and irreplaceable records, we find the modernists prefer to explore, in piecemeal fashion, other and more exciting prospects in new provings – not a new thing, as we see from the following comments of Hermann Lehmann (in *The American Homœopathist*, 1865, vol.1, no.9, p.140):

“Being a subscriber of the New York Journal of Homœopathy for nine years, I have often observed that many of the American physicians are very fond of using and experimenting with new remedies which are not proved at all, or only in a fragmentary way.”

And then we have those ‘new-age’ events, wrongly announced as ‘provings’,<sup>1</sup> which are so incredible and imaginative as to be hardly believable that such ideas could even be conceived let alone actually carried out and then published.

<sup>1</sup> Hahnemann specifically coined this term (Prüfung) to mean a methodical substance trial conducted according to the manner he illustrated. It is not acceptable therefore for it to be extended into a different meaning by those who are themselves unfamiliar with Hahnemann's pharmacography, having merely learnt their ideas from their teachers, equally unfamiliar with the subject.

Thus we learn (*Encyclopaedia Homeopathica*, v. 2.5 [EH]) of *vacuum*,<sup>2</sup> *tempestas*,<sup>3</sup> *lignum naufragium helvetiae*,<sup>4</sup> *Ruina castellum*,<sup>5</sup> *venus stella errans*,<sup>6</sup> etc., as if to suggest that the event itself may impose itself into the substance being tested – that, for example, the substance of a particular castle ruin will provide a different effect to an identical substance composition found elsewhere.

<sup>2</sup> “I had a dream in which a man, who is an occasional visitor to my dreams, said to me, “...are you aware that Vacuum is the space between Heaven and Earth? Prove Vacuum.” ... Some months later, the same man returned to my dream and said, “To prove Vacuum, put some pure alcohol into a bottle, then create a vacuum in the bottle and you will have the effect of vacuum on alcohol. To make a homœopathic remedy, you just need a good hint of what you are trying to achieve. Of course, alcohol will fill a vacuum. But the alcohol is irrelevant, since you will use the same alcohol to potentise the remedy.” ...I put 20 ml. of pure alcohol into the [500ml] bottle, and then used the pump to create a vacuum. I left the alcohol in the bottle for seven hours, checking at frequent intervals to ensure that the vacuum was maintained. I also succussed the bottle every hour (40 succussions) so as to ensure that the alcohol was affected by the vacuum. After this, I opened the bottle and took three drops of the alcohol and added it to 297 drops of un-vacuumed, pure alcohol. I succussed the mixture and got the 1C potency. I continued in this manner until I had developed the 30C potency.”

<sup>3</sup> “The storm remedy ... in May last year, another storm began during a week of weird events (for me) and it was an evening storm... I ran into the garden with my bottle and laid it on the step, then sat in my verandah and watched it all unfold. ... I left the bottle only for the height of the proceedings. I wanted to get the maximum amount of whoooooosh captured. Storm 2 sat on the shelf overnight. ... Since the proving and during it various other people took the remedy, to try it and to report back their experiences but when I started to receive more calls about how relationships were beginning to emerge I wondered about the magic that had been created in this remedy. I attended my first ‘storm’ wedding at Christmas and have now been invited to 2 more. Co-incidence? Who knows..... all I know is I took one 6c in January and met my new fella a week later.....Even two of the provers are getting married. Surely there must be more to this remedy than meets the eye. I appreciate that the effects of this remedy haven't been exactly physically curative. It seems to cure the soul because after all that is the part of us that these days is the most neglected. I'm not the one to explain the philosophy or the poetry or the story behind this. All I have is the cold hard evidence that ‘Tempesta’ can bring your soul-mate to you.”

<sup>4</sup> “This proving was the result of a very nice short break ...in The Gower Peninsula, on the South Coast of Wales. On the beach at Rossilli Bay is the wreck of The Helvetia which has lain there for over 115 years. I decided to take a small portion of the hull of the boat to make a proving ... I then came home and organised the proving and did some research about the actual wreck. I took one dose of the remedy myself ...and have remained ‘stuck’ ever since. In writing up these notes I am releasing the energy of the proving, the sense of stuckness.”

<sup>5</sup> “The proving samples were taken from loose pieces of wall from the Great chamber, the fireplace in the Great Chamber and from upstairs where the musicians would have stood, playing, to entertain the guests. ... The small pieces of mortar and stone were then placed in a remedy bottle in a hole in the wall in the Great Chamber for 30 minutes ... to pick up the actual rooms energies. ... none of the provers knew what they were taking. They were asked to keep a record of their dreams and feelings the week before the proving started, and to carry on recording for 2 weeks, then take the antidote [¶] on the last day.”

[¶] This author does not realise that a homœopathic ‘antidote’ acts because it becomes the *next most indicated remedy* during the aggravation period, i.e., the *most similar remedy at that time*. Given the proving effects were unknown prior to the completion and analysis of the proving, how could an ‘antidote’ have been already determined?

<sup>6</sup> “The remedy was made from the focussed light of the planet Venus.... Whilst I don't think that the symptoms that can be cured by this remedy will be ones caused by exposure to the light of Venus, it is possible that individuals who have these symptoms are sensitive or susceptible to it. †... We already know people can be affected by the Sun and Moon. A further possibility is that venus may be significant in their astrological birth chart, or maybe the position of venus at the time of making the remedy relates to the chart. ...The remedy itself is available from Helios Homeopathic Pharmacy in the UK. At the time of writing this, it has been potentised up to 200c.

We see amongst the above examples how the proving master begins with pre-formed ideas of the *nature* of the substance, and even anticipates the *nature* of the phænomena likely to appear in the experiment, as is also seen in the following comments:

*Cladonia rangiferina* - *The Homeopathic Proving of Reindeer Moss* (in EH):

“... Another reason for doing it [the proving], was the dependency of Caribou upon it. We could not picture exactly how this aspect would translate into human psychology, although being a sole winter food source should create a distinctive picture of dependence and possessiveness. Endurance issues should also be paramount. As it turned out, money and other survival issues arose strongly...”

*California muriaticum* – *The Search for the AIDS Genus Epidemicus in Africa* – personal communication

“He explained how he conceived of the ‘radioactive miasm’... radiation destroys the immune system and lowers white cell count – hence in AIDS there is the idea of the radioactive miasm – so he thought of giving a radioactive element, but which one? After searching through all the radioactive elements in the periodic table he noticed *Californium*, and immediately perceived the correlation between California (the state of sex) and Africa. ... So he gave the remedy, although as he said he has not done a proving yet...”

This last report of a substance prescribed upon an inferred quintessential similarity, without a fore-knowledge of the *effects* of that substance upon the organism (proving), constitutes a breach of the fundamental principle of this system of medicine *defined* by Hahnemann himself,<sup>7</sup> and the reason is quite simple – *homœopathicity* cannot be *determined* without *provings* upon which to base a comparison of similarity – *no proving = not similar = not homœopathic*. Simple

<sup>7</sup> “A fundamental principle of the homœopathic physician (which distinguishes him from every physician of all older schools) is this, that he never employs for any patient a medicine, whose effects on the healthy human has not previously been carefully proven and thus made known to him.” (*Organon*, §285 footnote)

And whilst we may allow for possibility in the idea that an event may somehow embed itself into a substance, the examples above illustrate the lack of proper design in seeking to collect such evidence objectively.<sup>6</sup> The end result is of no relation to the provings of Hahnemann, and are of no use in seeking to cure our patients of serious disease.

<sup>8</sup> The following precautions may act as guides to proper drug trials

1. *Provers must not*:
  - be known to the trial conductor (proving master), nor to each other (as not to ‘discuss’ any effects),
  - be aware of the possible source of the substance
  - be instructed to look out for dreams, or feelings, etc.,
  - communicate the effects to others involved in the experiment prior to its completion.
2. Provings are to be ‘placebo controlled’, and provers are to be informed of this at the outset – this will tend to reduce false positives.
3. The *allocation* of drug or placebo is to be random, coded, and those collecting and collating the reports must be unaware of the prover, of the substance, and of the allocation.
4. If a test of substance imbibing environmental ‘energy’ is sought, the same substance (chemically & physically identical) from a variety of locations and environments to be used in parallel trials – the provers and proving master being blinded to that information.

<sup>99</sup> Thus we have seen prominent office bearers, and in contravention of their own ‘articles of association’, boast of mixtures, or of prescribing according to signature, or according to one or other theoretical modelling without basis in proper provings.

<sup>100</sup> We ourselves, even in our early days when we had nothing but an eagerness to listen & learn, yet nothing to offer in return, only ever experienced a warm friendly reception whenever meeting with like-minded homœopaths.

<sup>101</sup> Those who wish to pursue the above suggested course of action are invited to contact us.

<sup>102</sup> The non-homœopathic practitioners are then at liberty to define their own identity (semeiopathy, imaginopathy, etc.) and to form their own associations.

<sup>103</sup> We may herein recall the formation of the *International Hahnemannian Association* [IHA] in 1881 (the First President was *P.P. Wells*, himself cured by Bönninghausen of a skin condition, and a *Therapeutic Pocketbook* proponent; *J.T. Kent* became President in 1887), out of their distress at the non-homœopathic direction of the *American Institute of Homœopathy* [AIH]. The following excerpt from Kent’s Presidential Address at the 7<sup>th</sup> AIH annual meeting will provide the reasons for division:

“It was certainly for no idle purpose, nor for any senseless caprice, that our oldest and most respected members left the American Institute and formed this separate Association ; it is equally true that we of the junior profession did not join this Association for any selfish or useless purpose. Was not this Association formed solely for the purpose, as expressed, of perpetuating and developing true Homœopathy? Was it not felt at the time of its organization that the hour had come for true men to arouse themselves and work for the science they loved ? Had they not heard all the principles which Hahnemann had taught, and which the experience of many had proven to be true, villified and abused; had not, in short, all true Homœopathy been driven from the Institute ? The homœopathic school, then as now, was divided into two parties—the one representing eclectic methods and practice, the other the principles and practice of Hahnemann, of Gross, of Boenninghausen, of Hering. The time had come when all practitioners had to decide which of the parties they should assist. And let it be to the eternal glory of these men that they chose rather to be right than to be with the majority!

In the history of the American Institute, we may read a warning for us. In its first years the Institute was composed of able and true men, and its purpose was for truth and usefulness. But little by little eclectics were allowed to creep into its membership, and soon, behold! the whole body is eclectic. Let us then beware whom we elect members, let our censors be even over-scrupulous lest a wolf creep in in sheep's clothing. Let no member sign any application for membership unless he knows the physician personally and is very sure he is qualified to serve with us. Too great caution cannot be observed in this matter. It is not great numbers that we want, but men of truth and purpose.”

<sup>104</sup> Letter to Stapf, written in Leipzig, September 1813, in *The British Journal of Homœopathy*, 1845, vol.3, pp.137-138

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